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The purpose of this monograph is to introduce a series of studies dealing with the rehabilitation of socially dependent individuals in poverty settings. Four demonstration programs, located in low-income housing projects in four U.S. cities, are designed to determine the feasibility of locating on-site rehabilitation agencies in low-income housing projects in order to render rehabilitation services to disabled residents. Following discussions of the four demonstration projects, the concept of dependency, and outlines of its dimensions, three conceptual models are presented for analyzing the influences that individual clients, their families, and their housing project neighborhoods may have upon the goal of rehabilitation. Complementing this approach to the rehabilitation process is a discussion of the elements of the vocational rehabilitation system, the related social welfare agencies, and the larger community. Related documents are VT 008510 and VT 008 512. (CH)

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Northeastern Studies in Vocational Rehabilitation

(1) REHABILITATION IN POVERTY SETTINGS — REPORT NUMBER ONE

A COMPARATIVE STUDY OF THE REDUCTION OF DEPENDENCY IN FOUR LOW-INCOME HOUSING PROJECTS

A DESCRIPTIVE AND CONCEPTUAL INTRODUCTION

VT008511

August 1967
Monograph No. 4

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OFFICE OF EDUCATION

A COMPARATIVE STUDY OF THE REDUCTION OF DEPENDENCY IN FOUR LOW-INCOME HOUSING PROJECTS:

A DESCRIPTIVE AND CONCEPTUAL INTRODUCTION , See cover

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2

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PREFACE

. . . There probably has been no other time when our country — and even the world, but especially our own country — has been so concerned about the problem of dependency.
. . . So today, in the midst of our mounting prosperity, in the midst of the psychological climate of an affluent society, we have this mounting burden — the social, economic, spiritual burden of large numbers of dependent people. If you analyze why a good many of them are in a state of dependency, you have to come to the conclusion that they are in large measure because of generations of prejudice against the provision of proper opportunity for them . . .

Mary E. Switzer, Commissioner
U. S. Vocational Rehabilitation Administration

How do we purge the process of vocational rehabilitation of its middle-class values when working with different cultures? Does rehabilitation actually raise the status of the disabled who have been dependent on welfare for many years? Shouldn't we "tinker" more with society rather than with individuals once we move into mental and social handicaps? What is the influence of value change in the pattern structure of social organization? Have we compared the indigenous worker's impact with the professional approach on several levels of rehabilitation assistance? What is the power structure of the rehabilitation team within the rehabilitation center? . . . What is the power structure of health and welfare bodies and their relationship to both newly created rehabilitation facilities and emerging rehabilitation professions?

William M. Usdane
Vocational Rehabilitation Administration

"The central purpose behind the Joint Task Force and its work is to draw families who are socially and economically isolated into the mainstream of community living."

Marie C. McGuire, Commissioner
Public Housing Administration
Wilbur J. Cohen, Assistant Secretary
Department of Health, Education, and Welfare

INTRODUCTION

This monograph is the first in a series of reports dealing with the problem of rehabilitation in poverty settings. The series is an outgrowth of a cooperative research program which has been built into the four rehabilitation projects funded by the Vocational Rehabilitation Administration to demonstrate the feasibility of rehabilitating disabled residents of low-income public housing projects through a program of intensive rehabilitation services in cooperation with other appropriate social welfare programs.

This monograph serves as an introduction to the series. As such, it has two important goals. First of all, it reviews the development of the demonstration program and describes the four demonstration projects. Secondly, this monograph develops an extensive research design and rationale upon which the actual field research is based. This introductory statement is, then, descriptive and theoretical. Together, these form the basis for asking questions. They tell the researcher in the field what to look for and give him a framework for structuring and analyzing his observations.

The first chapter introduces the Joint Task Force program in Concerted Services, describes the four demonstration projects, and describes the coordinated research program. The second chapter deals with the problem of defining the concept of dependency and outlines its dimensions. Chapter three presents conceptual models for analyzing the influences that individual clients, their families, and their housing project neighborhoods may have upon the goal of rehabilitation. Chapter four complements the previous chapter by examining the elements of the vocational rehabilitation system, the related social welfare agencies, and the larger community as they may influence the rehabilitation process.

It is particularly appropriate for this series to appear within the framework of the Northeastern Studies in Vocational Rehabilitation. The Regional Institute at Northeastern has as its core area of research the concepts of dependency and motivation. Indeed, the concept of dependency is central to programs of rehabilitation in poverty settings. Considerable attention is given to the concept of dependency in this monograph along with its implications for rehabilitation. Motivation, also, is an important concept in dealing with the rehabilitation of poverty groups, for many in this category fail to demonstrate those motivational attributes necessary for participation in the larger society. In seeking to rehabilitate the vocationally disadvantaged client, it is necessary to recognize that inappropriate motivation may be as much a result of barriers which exist in the larger society as it is a factor intrinsic to the individual. This monograph deals with this multi-dimensional concept of motivation and presents a typology for understanding and counseling individuals who are socially dependent.

Taken together, this monograph introduces an analytical model for the analysis of the relationship between dependency and rehabilitation in poverty settings. While our primary goal is to develop and explain the research model being operationalized and implemented in the research and demonstration projects of the Vocational Rehabilitation Concerted Services Program, we have given the reader many concrete examples and suggestions for the implementation of this model for other action programs.

Subsequent reports in this series will deal with specific issues and research findings as they apply to the problem of rehabilitation in poverty settings. Monographs already in development include an analysis of the use of indigenous community workers as rehabilitation aides, and an analysis of innovative training techniques in one of the projects. Other monographs planned for this series will include various aspects of the research design suggested in this first monograph. Each project will report on its various counseling and training methods, reports of disability surveys will be presented, and a comparative study of the four projects will be made.

The first monograph provides the introductory and conceptual framework for the publications which will follow in this series. Taken together, it is our hope that this series will provide for the professionals and practitioners in the field of rehabilitation ideas and information from which they can develop new and more effective programs for the reduction of dependency among low-income groups.*

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* I wish to acknowledge, with thanks, the editorial committee of the Rehabilitation in Poverty Settings series for their helpful comments in preparing this introductory monograph and also the NERRI Advisory Committee for their support. Special appreciation is also expressed to Professor John Mogey of Boston University and Dr. Bernard Stotsky of Northeastern University for the interest, support, and suggestions which they have given during the development of this monograph. My thanks to Joyce Ruben and Allen Gilpatrick for their help in editing the manuscript.

CONTENTS

EDITORIAL COMMITTEE ii
PREFACE iii
INTRODUCTION iv
CONTENTS vi
CHAPTER ONE: THE DEMONSTRATION PROGRAM IN VOCATIONAL REHABILITATION 1
- Vocational Rehabilitation and The Joint Task Force 1
- The Four Demonstration Projects 2
  - St. Louis, Missouri 2
  - New Haven, Connecticut 4
  - Pittsburg, California 5
  - Cleveland, Ohio 6
- The Cooperative Research Program 8
- The Administration of the Research 10

CHAPTER TWO: DEPENDENCY AS A SOCIAL PROBLEM 13
- Defining Dependency 13
  - Dependency as a Normative Concept 15
  - Social Systems Analysis and Dependency 15
- Who Is Dependent? 16
  - Family Structure 18
- The Dimensions of Dependency 19
- The Role of Social Welfare 21

CHAPTER THREE: THE CLIENT, THE FAMILY, AND THE NEIGHBORHOOD 25
- The Client 26
  - Traditional Client Perspective — Disability, Personality, Skills 26
  - Social Dependency — A Model of Client Participation 28
- The Family System 33
- The Neighborhood of the Housing Project 39

CHAPTER FOUR: VOCATIONAL REHABILITATION, CONCERTED SERVICES, AND THE COMMUNITY 43
- The Vocational Rehabilitation System 44
  - Goals 44
  - Structure and Role 46
  - Rules 47
  - Process 48
  - The Parent Organization and Its Relationship to the State Division of Vocational Rehabilitation 49
  - The Professional Staff 51
  - The Use of Indigenous Non-professionals 51
- The Health and Welfare System 53
- The Community System 55
  - The Labor Market 55
  - The Political Climate 56

CHAPTER FIVE: SUMMARY AND CONCLUSION 58
REFERENCES AND BIBLIOGRAPHY 62

CHAPTER ONE

THE DEMONSTRATION PROGRAM IN VOCATIONAL REHABILITATION

Vocational Rehabilitation and the Joint Task Force

In March of 1962, a new Joint Task Force on Health, Education, and Welfare Services and Housing was established as a joint venture of two major federal departments to seek more effective methods for delivering services to residents of low-income public housing projects across the nation and in Puerto Rico. This Task Force represents the combined efforts of these departments in coordinating their resources and programs at all levels of service in an attack on the multitude of social problems which burden the families living in low-income public housing. Within the 3500 low-rent housing projects in the United States there are over two million residents, more than half of them children, who are disadvantaged with regard to income, employment, health care, opportunities, and many other problems, all of which combine to create a situation of dependency. This dependency takes many forms and is rooted in many factors. The charge to the Task Force is to identify those factors which promote dependency and to seek appropriate ways for their reduction.

As part of the formal charge to the Joint Task Force, they were challenged to:

> Seek to identify needs, to develop methods of marshalling departmental services and to establish methods by which they may serve the needs of residents of public housing.
>
> Initiate research and demonstration projects to show and appraise the accomplishments that may be achieved by providing a wide range of services through federal, state, and local action.
>
> Evaluate the programs, determine what gaps exist in present programs, and recommend the expansion of existing or creation of new programs which may more effectively solve the problems of low-income families. (19)

The Task Force established four demonstration projects to determine the effectiveness of a concerted services approach in reducing dependency. The concerted services concept involves the participation of several health and welfare agencies working together to render service to multi-problem dependent families living in public housing. These agencies were to coordinate their work in ways that they deemed useful for meeting the charge to the Joint Task Force. Results of the demonstration programs were to be evaluated and findings used to help formulate future policy for meeting the needs of public housing residents on a nation-wide scale.

Under this Task Force program, three demonstration projects were organized involving the participation of the Vocational Rehabilitation Administration. They are located in St. Louis, Missouri; New Haven, Connecticut; and Pittsburg, California. A fourth rehabilitation project in Cleveland, Ohio, is not a part of the concerted services program, but has been included in our research because it is located in a low-income public housing project. A fourth concerted services project is located in Miami, Florida, but the Vocational Rehabilitation Agency is not a participant.

One of the primary needs of low-income housing project residents is that of employment. However, the mere finding of a job is insufficient since many of the residents have vocational handicaps. In some instances this handicap falls within the traditional vocational rehabilitation framework of physical or emotional disability. In most instances, however, the major handicap to finding work is *social* in nature. Educational levels among the resident population are low, skill levels are minimal, and in many instances motivation to succeed is lacking. The principal cause of most of these social ills lies squarely in the fact that the project residents have known little but deprivation, discrimination, and failure. The cycle is frequently a generational one where dependency has become a way of life. Social disability is often compounded by physical or emotional handicaps that become barriers to employment, even after social barriers are removed.

The challenge to the field of vocational rehabilitation is to bring to bear its skill and resources in seeking to help these low-income housing project residents to break out of a prolonged cycle of dependency so that they may become members of independent functioning family units, capable of living satisfying lives that contribute both to individual gratification and to participation in the larger society. The opportunity to innovate and to search for more effective methods in overcoming dependency through vocational rehabilitation working *in concert* with other specialized agencies in health, education, welfare, and housing marks an important step in social policy in this country.

The Four Demonstration Projects

I. St. Louis, Missouri — Vocational Rehabilitation Unit at Pruitt-Igoe Housing Project

The first vocational rehabilitation program was established in St. Louis, Missouri in July of 1962. A grant was awarded directly to the

Missouri State Division of Vocational Rehabilitation to establish a vocational rehabilitation unit on-site at the Pruitt-Igoe Housing Project near the center of St. Louis.

Pruitt-Igoe is a massive high-rise apartment project consisting of thirty-three, eleven story buildings. It was constructed in 1955 and 1956 to replace four square blocks of slum property in the heart of the urban ghetto. This section of St. Louis carries the informal title of "Crime Corridor" and is characterized by a high degree of poverty, dependency, and deviant behavior.

Physically, the high-rise buildings are of exterior brick and interior cinder block construction. Elevators stop at every other floor, parking lots border each building; there are only a few play areas, and there are some benches in front of each building. A small community center building is central to the project. The area is surrounded by deteriorating single family, or duplex units. Individual apartments range from one to five bedrooms. Rent is fixed on a sliding scale based on ability to pay. Rents range from $45-$65 per month.

The vacancy rate and turnover of apartments is high. There are approximately 12,000 people in Pruitt-Igoe, consisting of 2,600 families. The median income is under $2500 per family, with roughly fifty per cent of the families receiving some form of income maintenance from public welfare. Of those families on welfare, at least eighty per cent are receiving money under the Aid to Families with Dependent Children program (AFDC). Within the census tract, which includes the Pruitt-Igoe project, the median educational level is slightly under eight grades, approximately forty-five per cent of the population is under 15 years of age, and nearly nine per cent of the population is over 65 years of age. Nearly all of the residents of the area are Negro.

In addition to the vocational rehabilitation project, there are several other public and private agencies located on-site or actively serving the Pruitt-Igoe residents. The State Division of Public Welfare has an active on-site program; St. Leo's and St. Bridget's Parishes have programs in the area. There is a small day-care center for children as well as several smaller programs offering a variety of social services. The St. Louis community action agency, The Human Development Corporation, also operates programs in the area.

The on-site vocational rehabilitation project itself occupies a suite on the first floor of one of the apartment buildings. Its staff consists of a project director, three rehabilitation counselors and two office workers. A medical consultant assists the staff in reviewing client diagnostic reports for determining eligibility.

The rehabilitation procedure closely follows the State Manual of Procedures established by the Missouri State Division of Vocational Rehabilitation. Thus eligibility requirements, plan development, and other administrative procedures are similar to the methods used in all Missouri rehabilitation offices. In addition, attempts are made to keep caseloads on a one to fifty ratio. The major source of referrals is the Division of Public Welfare located on-site, but self-referrals and referrals from other agencies are also processed. There is a minimum follow-up period of six months from time of employment and provision has been made for the on-site counselor to maintain a client contact even after the latter has left the housing project, so long as the client remains within the St. Louis area.

II. New Haven, Connecticut — Elm Haven Rehabilitation Unit, Elm Haven Housing Project

The second demonstration grant was awarded to Community Progress, Inc. (CPI) in New Haven, Connecticut, in January, 1963. Community Progress is a quasi-public, non-profit organization. It carries the responsibility for planning and coordinating the massive anti-poverty program in the city of New Haven. Community Progress is a large community action agency working in close liaison with various political, public, and private sectors of the community.

The demonstration program is located at the Elm Haven Housing Project in the Dixwell Avenue section of New Haven. Like the St. Louis project, Elm Haven is in the middle of the city's Negro ghetto, near the central city. It is an area characterized by high rates of unemployment, low income, crime, and delinquency. The neighborhood surrounding the project consists primarily of private homes that are being renovated as part of the New Haven renewal and redevelopment program.

The physical structure of the project consists of 855 dwelling units. Nearly half the units are two and three story apartments built in row-house fashion. The remaining units are in six high-rise buildings constructed of brick and cinder block, with skip-floor elevators in each building. Each apartment has a small porch.

The garden-type apartments have two bedrooms; the high-rise buildings contain units up to six rooms. Rentals are set at 22.3% of gross income.

There are approximately 3300 residents of Elm Haven. Eighty-five per cent are Negro. There is a growing population of Spanish-speaking residents. In all, there are 850 families with two-thirds of the population being minors. Thirty-eight per cent of the adults in the project are employed. Nearly sixty per cent of the Elm Haven families receive some form of public assistance. The largest single welfare program is AFDC. The average annual income is just under $3000 per family.

The vocational rehabilitation unit is located on the ground floor of one of the high-rise buildings. It consists of a project director, research director, two counselors, two community workers, three clerical staff, and a full-time job developer. The consulting staff consists of a medical consultant, psychiatric consultant, and a project consultant. This staff is further reinforced by a group of advanced clinical psychology students from Yale University who undertake internship programs at Elm Haven. An advisor is assigned to the project by the Connecticut Division of Vocational Rehabilitation.

Concerted services at Elm Haven are coordinated by a full-time Task Force Director. On-site there is a health unit, a day-care center, a tenant participation unit, and a welfare unit. In addition to the concerted services program, the Elm Haven rehabilitation unit offers to its clients many of the programs sponsored by C.P.I. These include such things as a basic skills program, on-the-job training, and other anti-poverty programs being administered by this community action agency.

III. Pittsburg, California — Vocational Rehabilitation Unit at El Pueblo and Columbia Park Housing Project

The third demonstration program is located in Census Tract 12 of Contra Costa County, California. This area borders upon the city of Pittsburg, California, but is not an incorporated part of the city. The project was funded in August of 1963. One area of this project consisted of forty wooden apartments that served, at one time, as military housing, and then as public housing. They have since been razed, with tenants being relocated in other public housing facilities. The remaining units are one and two-story garden apartments, containing two to three apartments in each building. These permanent buildings are integrated into a larger neighborhood of single family homes. The apartments have large yards and appear like small duplex homes.

At the beginning of the demonstration program there were about three hundred families living in the El Pueblo-Columbia Park projects, consisting of 1400 persons. Today, with the temporary structures razed, there are 173 families occupying 176 apartment units. Fifty-four per cent of the families receive some form of public assistance, the major program being Aid to Families with Dependent Children. Forty-three per cent of the families have only one adult as the head of family. The unemployment rate is 13.7 per cent for men, and 23.4 per cent for females. Median income in the census tract is around $4000, but housing project incomes are considerably lower.

One of the most active parts of the El Pueblo-Columbia Park concerted services program is the Neighborhood Council, made up of area residents. This council is a grass-roots organization which preceded the establishment of any formal Task Force Programs. Other agencies include the Housing Authority, the Bureau of Social Services, and a Concerted Services Agency which operates a variety of neighborhood participation programs.

The demonstration grant for the establishment of the vocational rehabilitation project was awarded to the Contra-Costa Council of Community Services, a non-profit social planning agency established at the county level. This county agency has recently become a part of the larger Bay Area Social Planning Council which plans and coordinates programs in the five county San Francisco Bay area.

The demonstration project is located in one of the wooden army-type apartments. It consists of a project director, research director, two counselors, a community worker, and two area indigenous workers to assist the professional staff. There is a clerical staff of two, a medical and psychiatric consultant, and an assistant to the research director. The original counselors in the program were on loan and under the supervision of the California Division of Vocational Rehabilitation. Currently the counselors are employed directly by the project but still receive technical supervision from the State.

The project plan calls for a program of vocational rehabilitation making maximum use of the area indigenous neighborhood councils. The action program combines community organization programs with vocational rehabilitation principles in an attempt to raise the employability of individuals, and the cohesiveness of the community. The project serves the entire census tract area.

IV. Cleveland, Ohio — Vocational Rehabilitation at Carver Park and Outhwaite Homes

The vocational rehabilitation project in Cleveland differs from the other three programs in that it is not a part of the Task Force concerted services program. This grant was awarded to The Friendly Inn Settlement, a settlement house with over ninety years of service to the Cleveland community. The project began in October of 1965. The Friendly Inn is located in the community service building of Carver Park, with Outhwaite Homes directly adjoining. Together, Carver Park, and Outhwaite Homes make up the target area of the demonstration program. The settlement program has been in the housing project community since 1955 and offers many programs and services to Carver residents. With the establishment of the vocational rehabilitation project, The Friendly Inn established a settlement house annex within the Outhwaite Homes development. Instead of working as part of a concerted services program, the vocational rehabilitation agency in this instance operates as part of a settlement house program of services.

The two housing projects are of brick construction, two and three stories high. Buildings are arranged in courtyard fashion. In all, there are 2315 apartments. The courtyards have lawns and many trees; there are play areas scattered throughout with a large playground near the community center which, among other things, houses a gymnasium. The project is located within Cleveland's inner-city Negro ghetto.

The resident population has an average family size of 4.2 persons. 717 individuals live in one person homes. 629 residents are over age 65. 972 families have an employed main-earner. The remaining 747 families receive some form of income maintenance through public assistance programs. The area in and around the project typifies many lower class areas with high rates of illegitimacy, school drop-outs, unemployment, and other social problems. The mean family income is $2355 annually.

The vocational rehabilitation unit is located in the basement of an apartment building in Outhwaite Homes, one of the two housing projects in the target area. The staff consists of a vocational rehabilitation supervisor, a half-time research director, one counselor, two family workers, and the full-time equivalent of two group workers from the staff of the Friendly Inn. The director of the settlement house acts as project director with the vocational rehabilitation supervisor taking primary responsibility for the operation of the rehabilitation program. The supervisor and counselor are on loan from the Ohio Division of Vocational Rehabilitation.

The plan of the project is to render vocational rehabilitation services to eligible residents of the two housing projects making use of the group work and out-reach concepts employed by the settlement house. Community workers interview project residents in their apartments, and those eligible for vocational rehabilitation services are referred to the counselor. Residents not eligible for the program are invited to participate in other programs that the settlement house offers. Residents eligible for rehabilitation services, but unwilling to accept them, are encouraged to enter some other program offered by the settlement house in an effort to raise their level of motivation for eventual participation. The goals of the settlement house are to involve as many residents as possible in various neighborhood groups to increase their participation in the community and to raise their level of family functioning. Vocational rehabilitation services become a part of this wider goal.

The Cooperative Research Program

As can be seen from the preceding description of each project, the two goals of vocational rehabilitation and reduced dependency are shared by all four demonstration programs. There are also striking similarities with regard to the demographic characteristics of residents:

(1) They are predominantly Negro.

(2) Incomes are low.

(3) At least half the residents receive some form of income maintenance.

(4) The most prevalent form of welfare payment is through AFDC.

(5) Unemployment rates are high.

(7) Three projects are in the heart of major urban ghettos.*

There are also some important differences among the projects which will have some effect upon the goals of vocational rehabilitation and reduced dependency:

(1) The organizations administering the demonstration grants are different.

(2) Their relationship to the state divisions of vocational rehabilitation are not the same.

(3) The make-up of the rehabilitation staffs vary as to the number of counselors employed and the use of

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* Pittsburg is designated as "rural, non-farm."

indigenous community workers and community organizers.

(4) The physical and social environments of the four housing projects vary.

(5) Each project is located in a different community with such factors as job opportunities, educational facilities, and political support of social change subject to variance.

(6) The four projects differ in the number and kinds of other social agencies servicing the population, either independently or in concert.

The goal of the research program is to examine the similarities and differences that exist among the four projects in an attempt to determine their effects upon the Task Force and vocational rehabilitation goals of reducing dependency. The opportunities to benefit from a cooperative research program using comparable data from each project thus becomes a significant addition to the action programs.

A coordinated research design will allow not only for individual analyses of each project, but also broadens the scope of analysis by making comparative cross-project research possible. If it is possible to say that the client populations are not significantly different with regard to such variables as education, employment, dependency, family structure, etc., a comparative research design of how the rehabilitation systems, community systems, neighborhood systems, and social welfare systems affect project outcomes becomes significant. For example, the counseling techniques at the four projects vary; not all are using indigenous community workers; only one has an active grass-roots community council; eligibility requirements and case processing also vary. The cross-project design makes it possible to compare these variations and techniques with a high degree of reliability.

Here, then, are four projects funded similarly by the same federal agency to work towards similar goals in similar settings with populations that share similar characteristics. It should, then, be possible to account for variance in outcome through the examination of the above mentioned differences. Controls are by no means adequate for a classical experimental research design, but a comparative analysis creates a workable research model that can go far beyond the analysis of each project taken individually.

The Administration of the Research

Because the Vocational Rehabilitation Administration awarded grants for the establishment of demonstration projects in all three concerted services programs, they encouraged the projects to develop a coordinated and cooperative research design so that project findings and techniques could be compared. Toward this goal, the Research Grants and Demonstration Division of the Vocational Rehabilitation Administration invited the New England Rehabilitation Research Institute (NERRI) at Northeastern University in Boston to coordinate the research program. NERRI is a regional research institute operating under a grant from the Vocational Rehabilitation Administration to examine the areas of motivation and dependency as they relate to problems of vocational rehabilitation.

The coordination of the cooperative research program takes place through frequent communication between NERRI and the demonstration projects. This includes the exchange of research information and data as well as extended field trips to the project sites. In addition to their coordinating function the staff at NERRI carries the responsibility for the design and analysis of the comparative research. Individual research directors at the demonstration projects are responsible for the analysis of unique aspects of their programs. A joint research conference is held annually to discuss the research. This section describes some of the important decisions reached at the three research conferences held to date. A discussion of the problems of conducting a coordinated research program will be the subject of a future paper.

The first annual research conference was held in October, 1964, at New Haven. The meeting was attended by the project and research directors from New Haven, St. Louis, and Pittsburg, staff from NERRI, and representatives from federal, regional, and state offices. The Cleveland project was not yet in existence. The general purpose of this conference was to clarify the administrative procedures and responsibilities for coordinating the three projects and to consider the research alternatives and uniform methods for developing comparable data.

It became evident at this initial conference that there were many ambiguities and issues to be discussed. The demonstration programs were so new that there was considerable discussion not only of research goals, but also of program goals. Discussions were lively and presented several points of view with regard to questions of eligibility, techniques, process, and the like, all dealing with questions of program. Each project described the characteristics of their target population and outlined their proposed method of operation.

The following agreements and decisions resulted from the first conference:

1. New England Rehabilitation Research Institute would act as coordinator of the cooperative research program.
2. Each individual project would be autonomous from the other projects, free to choose its own program methods.
3. Each individual project would seek to examine the unique aspects of its program in addition to participation in the cooperative research.
4. The cooperative research should not attempt to examine every aspect of the demonstration programs, but only selected areas. The major areas selected were family functioning, vocational adjustment, referral patterns, the relationship of costs to outcomes, and an analysis of the rehabilitation process.

The second research conference was held in St. Louis in October, 1965. The Cleveland project had just been funded and was in attendance for the first time. This session centered around a discussion of the past year's operation. During that year, the California project had undergone a change of staff at the project director and research director levels; and the New Haven and St. Louis projects had just hired research directors. NERRI had expanded its staff to include a sociologist who would take primary responsibility for the coordination of the study. Thus with a new staff came a new perspective, and many decisions and agreements of the first year had to be reopened for discussion.

The major decisions of the second research conference were that research would concentrate at three levels:

1. Client-centered research in order to:
    a. identify the problems of housing project residents
    b. compare these problems cross-project
    c. measure changes in client functioning from intake to closure
2. Organizational analysis of the rehabilitation agency structure and process as they differ cross-project:
    a. referral patterns
    b. eligibility requirements
    c. rehabilitation processes
    d. use of indigenous community workers

    e. cost analysis
    f. number, frequency, and types of counselor contacts
    g. speed with which services can be rendered

3. Impact of concerted services upon vocational rehabilitation

The research directors spent considerable time at this conference discussing possible methodologies and ways of operationalizing these research topics. It was decided to begin working out methodologies and to seek comparable methods of data collection using material already in the counselor files wherever possible.

The third research conference was held in Berkeley, California, in November of 1966. The previous year's work was reviewed with primary emphasis placed upon the analysis of data being collected. This data consisted of client-centered research collected from the case-files at each project. Discussion also revolved around methods for the next two phases of the research at the vocational rehabilitation and concerted services levels. In addition, conference participants agreed to the establishment of a monograph series for the purpose of presenting research findings and for suggesting ways for implementing program innovations.

This current monograph represents an introduction and theoretical orientation to this series.

CHAPTER II

DEPENDENCY AS A SOCIAL PROBLEM

The goal of the four demonstration programs described in the previous chapter is the reduction of dependency among residents of low-income public housing projects. The action programs revolve around the rendering of specific services by the vocational rehabilitation agencies and other social welfare agencies in order to achieve this goal. However, before turning to an analysis of the four action programs it is useful to understand the concept of dependency and the theories underlying attempts to alter the dependent relationship. Implicit in any program whose goal is to affect change is an underlying theory or theories which spells out the concepts and the relationships between the variables. The purpose of this chapter is to clarify and make explicit these concepts and relationships. The principal questions to be answered are:

- What is meant by dependency?
- Who is dependent?
- Whom are they dependent upon?
- What are the dimensions of dependency?
- How does dependency and attempts to affect a change to independence relate to the specific programs which the various social welfare programs are following?

An understanding of dependency and its relationship to the social welfare system is essential in order to select operational definitions which provide the researcher with a set of criteria for analyzing the action programs. Once this has been accomplished, it is then possible to move to the problem of identifying the intervening variables with a basis established for measuring the extent to which dependency has been reduced.

Defining Dependency

Our primary perspective for understanding dependency is a sociological one. Dependency is seen as a characteristic of social relationships. That is to say, when we speak of the fact that residents of low-income housing projects are dependent, we are simply saying that they are in a situation where they must rely upon others for the performance of tasks which most people in our society are expected to perform for themselves. Specifically, we label as dependent those families who receive income maintenance, housing, and other services from various welfare agencies when the value system that predominates in the larger society says that families should be taking care of these needs independently. Whether or not this dependency has its roots in some psychological phenomenon where each individual poor person has high dependency needs is problematic. Studies into the relationship between psychological constructs of dependency and economic deprivation suggest that the fit is at best a tenuous one with no firm evidence of a relationship. (48)

Our point of view is that excessive psychological dependency needs account for only a small proportion of those individuals who are dependent upon the social welfare system, and that most of those dependency relationships can be accounted for by examining the structural factors in society which inhibit or prevent a family's ability or desire to perform independently of the social welfare system. Factors such as racial discrimination, poor education, limited opportunities, changing labor market needs, and unstable families, are all important variables which can contribute to dependency. This implies that the social action program must concern itself not only with the client and his family, but also with factors which exist in the larger society.

Our general definition of dependency is as follows:

Dependency is defined as a social problem when individuals or social systems do not perform those role functions normatively ascribed to them, and when some other individuals or systems perform those functions for them. The important points to be discussed in understanding this definition are:

1) Dependency *per se* is not a social problem, but is an integral part of all social relationships.
2) Various social systems and individuals within systems are normatively ascribed certain role functions to perform.* Failure to perform these functions can bring about the disorganization of that system unless some other system performs the functions for them. *This however, creates a dependent relationship.*
3) If this dependent relationship exceeds the normative definition that states that the original system should be performing the function for itself, we define this state of dependency as a social problem.

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* *Norms* generally refer to the shared definitions of what are thought to be appropriate or desirable patterns of behavior for a particular group. These expectations are usually based in the *values,* or ethical precepts of the group. Shared norms and values are the basic elements of a group's *cultural* system. For example, to say that the socialization of children is a function normatively ascribed to the family, simply means that in our society there is a generally held conception that assigns to the family the responsibility for teaching children the values and rules of the society.

Dependency as a Normative Concept

The sociological definition of dependency developed in this chapter implies that dependency is a social problem only under certain conditions. It is important to point this out because dependency, *per se,* is not a social problem. The very nature of social relationships involves some form of dependent and interdependent behavior. Individuals obtain many of their needs through interaction with others; families are dependent upon external systems such as schools, churches, stores, etc., for meeting their needs.

No known society is free from some specialization of functions where different individuals or groups perform specialized tasks, each being dependent upon others for the performance of some functions. The crucial variable becomes the expectations of others. So long as this dependency is considered an appropriate method of behavior by the groups doing the defining, then it is not viewed as a social problem. Culture, not an absolute definition, defines when dependent behavior exceeds some conception of appropriate behavior and becomes a social problem.

In many instances the defining of dependency as a social problem is more a characteristic of those doing the defining than it is a characteristic of the individuals who are labeled as dependent. For example, an individual raised in a family that has never experienced independence may come to define dependency as a normal and expected state of affairs. Viewing the same dependent relationship, a member of the middle-class is likely to define it as a social problem. This fact is demonstrated time and time again in urban renewal programs where a power structure declares an area blighted and unfit for human habitation; yet the residents themselves say they are quite happy living in that area.

Whether or not anything should be done to alter the dependency becomes more a political or ideological question than a scientific one. The problem of defining normality is more a question of ideology, power, and authority than anything else.

Social Systems Analysis and Dependency

At this point, we introduce the concept of social system which is basic to the model of dependency we are proposing. To say that the nature of social relationships involves an interdependency of role functions implies that individuals occupy different social positions within a social division of labor. The action of an individual in one position is contingent upon, and in relation to, the action of a person in another position. In simplest terms, it is impossible to perform the role of husband without a wife; it it impossible to perform the role of teacher without the reciprocal role of student, etc. The performance in one position is always in relationship to role partners in other positions. It is this interrelating network of social positions that we call a social system. For example, the interrelated social positions of father, mother, and dependent children make up the nuclear family system. Families, in turn, are social institutions which relate to other systems — educational, political, occupational, etc. The very fabric of society is woven together by these interlocking and interdependent social systems.

These various systems are made up of individuals occupying social positions and performing certain roles. Each system, in turn, performs certain societal functions. One system may specialize in the regulation of social norms having the legitimate use of force at its disposal (political system); another specializes in socialization of the young to the culture of the larger society (family); other institutions specialize in economic production, skill training, etc. Thus we find that systems as well as individuals have specialized functions within a social division of labor. Each system has internal functions to perform in order to survive within a given cultural milieu, and each has its effect upon other systems within the society. In short, they are analytically separate, but interrelated to the extent that a change in any part will have ramifications throughout the entire system.

In the context of rehabilitation, it can be seen that if an individual becomes disabled on the job, this will have important ramifications not only for him, but for the entire family system of which he is a part. If the disabled individual is the breadwinner, some other means of support must be found. If the female takes over this function, it may affect her roles as mother and wife. If the children help in the income producing function, this will affect the many other activities that they have been performing, both within and outside of the family such as school attendance, playing in the neighborhood, and so on. If the family is not adequately able to perform the income producing function, then other systems such as a vocational rehabilitation agency may be called upon. This then increases caseloads, increases the amount of case service funds needed, etc. The disability is more than an individual crisis; it is a family crisis. When other systems become involved beyond the family, a system problem is created for them also.

Who Is Dependent?

When we speak of dependency among residents of low-income public housing projects, we are saying that the *families* who reside in the projects are not meeting those functions which families are expected to perform in our society, and the social welfare system takes them over. This section identifies those functions which family systems normatively perform within our contemporary urban society. We concentrate at the family level because of the fact that dependency among housing project residents is a family problem, not just an individual problem. Rehabilitation of an individual is, implicity rehabilitation of a family. This point is discussed more fully in the next chapter.

Families in our society perform two major functions: instrumental functions and integrative functions. By instrumental, we mean the performing of those functions necessary for the meeting of the families' maintenance needs. This includes such things as the provision of food, clothing, shelter, health care, and other needs concerned with the physical maintenance of the individuals who make up the family. Integrative functions refer to the meeting of needs at a more psycho-social level. Children in the family must be socialized into the cultural system of which the family is a part; emotional support is rendered to the various family members through such things as joint activities, affection, feelings of personal worth, and other means that maintain the psychic and motivational levels of the family members. Most of an individual's basic physical, psychic and social needs are met within the family system. At the same time, the family has the function of motivating the individual to participate in the larger society. It is a major socializing agency for teaching family members the values, rules, and goals of the larger society. Family members must be taught how to obtain from the larger society those resources provided by other systems. Most important, the family serves as a base for placement within the larger society. For example, a physician's son is likely to become a professional while the poor family is unable to "place" its children in higher positions as easily.

Thus the family performs two basic social functions at two different levels:

(1) Each family serves its individual members by meeting many of their most basic physical and emotional needs. At this level, the family's functions are all *internal*.

(2) The family serves the society by motivating its individual members to participate in social systems of the larger community. Given the extent of the society's differentiation

> and specialization, it is the family which provides the individuals to fill these other social positions. At this level, the family performs functions for systems *external* to itself.

The socializing function of the family at the internal level supports the larger society so long as the values, norms, and goals which are internalized are congruent with those of the larger society. It is in this way that the larger society gets from the family the individuals necessary for filling other positions in the community. Motivation and support are provided by the family system to perform outside of the family. In this way, family members contribute to the functioning of other systems while at the same time obtaining psychic and material rewards for themselves and their families. Thus the family performs both instrumental and integrative functions and serves the individual family members as well as the larger society.

Family Structure

Within a family system with certain normatively ascribed functions to perform the next question is, *who* in the family performs which functions? It is here that it becomes crucially important to differentiate family *function* from family *structure*. We have just discussed the concept of family functions. Family structure deals with the problem of how roles are assigned within the family so that the functions get performed. Again there is no absolute. There are only cultural definitions and structural demands.

This question of who performs what roles within the family is another area of much sociological research. Variations take into account such factors as social class, ethnicity, education, and the individual personalities of the role players. A "typical" pattern is for the male head of the family to take primary responsibility for performance of the family's instrumental functions and also those functions which link the family to the larger community. The female takes major responsibility for roles having to do with the internal running of the household. This includes such things as child rearing, meal preparation, and other matters of household management. One social scientist points out that the husband and wife in a nuclear family serve respectively as instrumental and expressive (i.e. integrative) leaders. (51)

The above pattern for allocating roles within the family do not apply to all families. In some families the roles are shared; in a small number they are inverted. Role inversion, where the female is the primary breadwinner, is generally seen as a deviant type of structure that is a transitory one. Two excellent examples of this were seen in the economic depression of the 1930's and also during periods for some young families when the husband is still in school. (25,2) In the lower class Negro pattern, incidence of role inversion is quite high. Role sharing, both at the instrumental and integrative level, appears to increase as the education for females increases, thus creating a desire on their part to have an identity outside of the home. In other instances, sharing of the instrumental function is simply an economic necessity; the wife works to obtain a life style she might otherwise not have. At one level one asks the question, what functions does a family perform? At another level one asks, who in the family performs those functions? The first is a question of function, the second is one of structure. For minimal family survival, the functions must be performed; for optimal family functioning, the society expects the usual roles to be performed by the usual personnel. This will become significant in a later discussion of the functioning of incomplete families which make up a large percentage of the caseload of rehabilitation clients in the housing project study. It is important to raise the question as to what extent families without a male head present can still perform those functions normatively ascribed to the family system.

The Dimensions of Dependency

Many examples in the sociological literature demonstrate various levels of functionality in family systems. At one extreme, there is the extended family system which is a near self-sufficient system with a minimum of dependency upon other systems. The best example is perhaps the Classical Chinese family system that was made up of several generations of males with their wives and children. Within this extended family system, the various members produced the food necessary for family consumption, they made their own clothes, hired tutors to educate the young, looked after their sick and aged, remained a religiously united family through family-oriented religious beliefs, and for all practical purposes performed as a highly integrated self-sufficient system. This family system did not have to rely upon institutions in the larger society for the performance of many needed functions. They were performed within the extended family.

At the other extreme is the Israeli Kibbutz wherein the family as a functioning unit has few tasks to perform. Instrumental activities and many integrative ones are performed at the communal level. Meals, housing, formal child rearing functions, and other tasks are performed at the communal level, not at the family level. The most important functions that the Kibbutz family performs are affective in nature.

The American family system is not a homogeneous one, nor is it a static one. Families maintain many of the cultural definitions of structure and function that are rooted in their ethnic identities. Social class and educational variables also play an important part. From an historical point of view the American family can be seen as undergoing change from a system of rather extreme functionality to one of little functionality. At one point in time the family performed many needed functions as independent units. They produced much of their own food and clothing, built homes with the help of relatives and neighbors, and took care of the sick and the aged within their own family system.

However, as industrialization and urbanization increased, and the family systems became more mobile and more isolated from their extended systems of relatives, more and more functions began to be taken over by external social institutions. *For the most part the contemporary urban American family has but one instrumental function — the production of income.* The family produces the income for the purchasing of goods and services necessary for maintaining the family. It does not produce the goods and services but is dependent upon other social institutions for them.

The family system now relies upon systems of public or private education for the performance of a large part of their socialization function; they rely upon huge medical complexes for taking care of the sick and the aged; and much of the recreational activities take place outside of the home, frequently as individuals rather than as members of a family. In short, the typical American family performs relatively few functions for itself.

At one time the primary task of the family was to provide for its needs independently. Now its primary task is to organize itself in such a way so as to be able to receive the necessities from other social institutions. Some are received as a matter of "right"; others are purchased. The family as a system is now much more dependent upon other social systems for the meeting of its own needs. The important point is that this dependency is not seen as a social problem, but rather as a social fact. We have come to accept this dependency as appropriate, and therefore, normative. The tremendous changes that have taken place in all segments of the societal system have caused this to happen.

The dependency of the family upon other institutions has increased. At the same time the definitions as to what constitutes normative patterns of problem solving have changed. For a family to be dependent upon agricultural, industrial, and service industries for the meeting of many instrumental needs is not defined as a social problem; nor is dependency upon educational systems and recreational facilities. These are seen as normative ways for meeting family needs. This does not undermine the fact that these are dependent relationships, it simply does not define this dependency as a social problem. (The social problem would be, if the social institutions external to the family were unable to perform those functions upon which the family is dependent.)

To summarize, the major functions that a family performs for itself are:

(1) the production of income for the meeting of instrumental needs
(2) provision of emotional support to its members
(3) contribution to early child rearing with the emphasis upon values, attitudes, and goals
(4) linking of family members to the larger society

Families are dependent upon other social institutions for most everything else. This is a social fact of our highly industrialized, urbanized, and bureaucratized societal system. The important point is that this dependency is defined as normative, not as a social problem. Used in this way, an independent functioning family is not synonymous with a self-sufficient family. An independent family performs those functions normatively ascribed to it, but it is still dependent upon other systems for the meeting of many of its needs. The meeting of these other needs are no longer seen as functions that the family should be performing. They have been transferred to other social institutions upon which the family is now dependent.

The Role of Social Welfare

What happens when a family does not for some reason perform those functions which are normatively ascribed to it? One possibility is that it will be thrown into a state of disorganization. The family which does not perform functions normatively ascribed to it does not meet the needs of individual family members, nor does it adequately perform in relationship to the larger society. Failure to perform internal functions —

meeting of instrumental and integrative needs — will bring about the social disorganization and possible collapse of the family as an effective social system. Failure to perform its external function — the placement of individuals in social positions of other societal systems — means simply that the family is an isolated and powerless unit. However, the failure of a sufficiently large number of families to perform their external function would bring about the disorganization of the larger system. This certainly accounts for the fact that some segments of the society lack an effective voice in many community and societal affairs. They quite simply are not participants in those systems. Lack of access to legitimate sources of power is a major problem among the poor.

As an alternative to disorganization when the family does not perform those functions normatively ascribed to it, other social systems may take over those functions and perform them for the family. Insofar as these are functions ascribed to the family, according to some normative definition, then this dependency comes to be defined as a social problem. Implicit in this dependency relationship is the assumption that when a system external to the family performs one of the functions which the family is not performing for itself, the stability of the family will be maintained enabling it to perform its other functions. Thus for example a program of income maintenance might still allow the family to perform its integrative functions.

Who performs the functions for the family when they do not perform them for themselves? In some instances relatives and friends help out when the family function is upset. At one time various ethnic groups had mutual aid societies. Religious and private organizations have also developed some types of structures for helping families in crisis.

Increasingly, however, the role of acting as family surrogate when the family does not perform for itself has fallen to the public social welfare institutions. Basically this role has fallen to the social welfare institutions by default. Other patterns for helping families in crisis have slowly gone out of existence or have lost their effectiveness. Ethnic groups become assimilated; the extended family system has given way to isolated nuclear families; and private organizations have become highly specialized and social class based, often steering clear of low-income poverty groups. The alternative to family disorganization thus becomes a dependency upon public social welfare institutions.

In relationship to dependent families, the two goals of social welfare institutions are:

(1) maintenance of the family system by taking over those functions which the family does not perform for itself

(2) seeking to restore those functions back to the internal family system

These goals are contiguous. The family is kept from reaching a stage of disorganization by its dependency upon the health and welfare system. At the same time, the health and welfare system is attempting to break this dependency pattern by restoring functions to the internal family system. *Programs of welfare maintenance without a program of rehabilitation create a new set of social definitions where dependency becomes a permanent institution.*

Maintenance centers around the performance of instrumental functions. When the family is not producing a level of income adequate to meet instrumental needs, the social welfare system is likely to provide an income allowance, public housing, food stamps, health care, or similar programs. Rehabilitation takes into account both instrumental and integrative functioning. Any rehabilitation effort that results in vocational training is instrumental since it prepares the family to take over the income producing function. Health and welfare programs that have to do with household management, child rearing, and family counseling are designed to help a family perform its integrative functions. In this sense, family casework can be said to be dealing with problems of the internal integration of the family. Programs which have to do with community organization are dealing with the function of external integration, tying the family into the community system so that it can begin to influence its own life chances rather than merely being acted upon. In short, we are suggesting that various health and welfare programs can be categorized as they relate to the major dimensions of family functioning:

Family System Problem	*Appropriate Social Welfare Functions*
INSTRUMENTAL FUNCTIONING	INCOME MAINTENANCE AND VOCATIONAL REHABILITATION
INTERNAL INTEGRATIVE FUNCTIONING	FAMILY CASEWORK
EXTERNAL INTEGRATIVE FUNCTIONING	COMMUNITY ORGANIZATION

This simplified model provides a conceptual framework for studying the relationship between dependent families and the health and welfare institutions upon which they are dependent and identifies those functions which the family is not performing for itself. The functions that health and welfare institutions perform can now be examined both from the point of view of what function they are performing for the family and what efforts are being made to restore that function to the internal family system. At this level of generalization one can encompass a wide gamut of specific family tasks that are not being performed along with a wide variety of health and welfare services which can be categorized within the above paradigm.

What this also provides us with is a concise model for measuring change in the families being served by the demonstration program. At time of referral to a social welfare agency, it is possible to measure instrumental functioning and dependency by obtaining information with regard to the amount and sources of family income. Measures of integrative family functioning can also be obtained along with measures of external functioning.

At the time of case closure, or at any other time, it is possible to obtain data using the same measures, thus giving us an instrument for measuring the type and extent of the family dependency at intake and the change that has taken place as measured at the time of closure. Our dependent variable, then, is change in dependency status. The next step is to outline a method and rationale for identifying and analyzing the independent variables which will influence the above change in family functioning. These independent variables are the subject of the next two chapters.

CHAPTER III

THE CLIENT, THE FAMILY, AND THE NEIGHBORHOOD

Any analysis of the rehabilitation programs under study should take into account more than the client-counselor relationship. Both client and counselor bring to the counseling relationship a set of values and goals which may or may not be congruous. These values and goals are in part a characteristic of the two interacting personalities, but even more, they represent individuals who participate in many different social systems where they learn these values and goals and where certain demands are made upon them, and varying opportunities are available. The client is a member of a dependent family, and this family is a resident of a low-income housing project. These three systems interact with each other and will have an impact upon the success or failure of the rehabilitation program.

The counselor is the product of his professional training and perspective; he is subject to the demands made upon him by his supervisor. Legalistic definitions and criteria for rendering services and the amount of funds available for him to use in client services will also affect his behavior. The rehabilitation project must further take into account the other concerted services agencies servicing the client population. These agencies may support each other, they may overlap, and often they can compete or be in conflict with each other. All of these systems are a part of a larger community system which cannot be ignored. The larger community is a source of jobs, training facilities, political support, and ideological support necessary for successful social change. These latter systems are the subject of chapter four.

Taken together, this chapter and the next develop a systems model for describing, analyzing, and evaluating the four demonstration projects being studied. This model builds upon the definitions of dependency developed in chapter two and attempts to relate them to the social welfare institutions which are attempting to change the life styles of residents in low-income housing projects. Model building is more than an academic exercise. It is necessary in order to sift out of a very complex world those variables which influence human behavior and then simplify them so they become understandable. We start with the basic assumption that human behavior is not random, but is patterned and purposive. Our limitations stem not from the fact that behavior is *ad hoc,* but from the fact that it is difficult to separate those small intertwined threads by which it is explained. A theoretical model helps to make this possible.

The model developed in the ensuing chapters forms the basis for our study of the vocational rehabilitation demonstration project. It is general enough so that it may be applied to the analysis of other social welfare programs, but we will also spell out the practical implications that various constructs have for decision making within the rehabilitation field.

The Client

What is the nature of the client who participates in the vocational rehabilitation program? What does he bring to the client-counselor relationship that will facilitate or impede his rehabilitation? What are the important characteristics to look for in evaluating an individual referred to the rehabilitation agency for services? There are three major dimensions used by most rehabilitation agencies for viewing client characteristics. These dimensions are a product of the eligibility requirements which must be followed by all state agencies that use federal funds. In these formal requirements for eligibility, a client must have a physical or emotional disability which results in a vocational handicap. Furthermore, there must be a potential "feasibility" that this handicap can be sufficiently reduced or overcome to make rehabilitation possible. Thus the three major characteristics that a rehabilitation counselor is concerned with are: (1) disability, (2) personality, and (3) work skills. These three client characteristics frequently go together but we suggest they are not necessarily interdependent. We further suggest that in understanding clients in poverty settings the above criteria are insufficient. Many individuals who live in poverty settings are not physically disabled; they do not have "pathological" personalities; and some have high skill potential. Yet they are not working and many cannot work. We therefore suggest that a third category of disability is called for — a *social disability* that takes into account those individuals who may be "healthy and sane" but ill-equipped with the necessary values and opportunities for independent functioning.

Traditional Client Perspective — Disability, Personality, Skills

Looking at the client according to his *physical disability*, rehabilitation counselors in consultation with their medical consultants spell out the extent to which a disability becomes a vocational handicap. Their rehabilitation plan outlines a procedure for overcoming the disability and getting the individual fit to be employed. The client is therefore categorized according to the type of disability — eg. amputee, cardiovascular accident, arrested tuberculosis; and this has implications for the type of rehabilitation program that is called for and the type of work for which the individual may be trained. Type and extent of disability are the major criteria for categorizing clients within this dimension.*

Rehabilitation counselors rely upon concepts and constructs of *personality* as another dimension of client functioning. Personality functioning of clients is an important dimension on at least three different levels: (1) it is a basis for determining eligibility — eg. character disorders, chronic passive dependents, mental retardation; (2) it is a secondary disability resulting from the physical disability — eg. body image, regression; (3) it is a rehabilitation problem independent of the disability — e.g. hypertension, rigidity, passivity. When personality malfunction is the determining factor in eligibility, the client rehabilitation plan may include such things as therapy, extended counseling, or sheltered workship evaluations and placement.

The extent to which personality is defined as an important dimension when it is a secondary characteristic, or is independent of a disability, is frequently a function of the counselor's training and perspective. For some counselors, personality functioning is not an important criteria, and they pay little attention to it. For others, perhaps the majority, personality functioning is a major preoccupation. Goldin (20), for example, found that 52 per cent of the rehabilitation counselors in New England see rehabilitation as a form of psychotherapy, and that 48 per cent see the psychology of personality functioning as the most important part of their training. In both training and practice, counselors said that the psychology of personality was their most important tool.

The third method of classifying clients in the rehabilitation program is according to their *work skills.* Potential for work may be dependent upon the nature of the disability, but it may also be independent. Once the disability is minimized, the counselor must ask the question, what can the client do? If the disability itself is not a limiting factor, work skills may be. To ascertain this, the counselor attempts to determine the client's abilities and skills through such methods as testing, simulated skill tasks, work-shop evaluations, and evaluations of past performances. Intelligence, education, and past job history become important variables in the counselor's evaluation. He must further take into account the stated interests of the client, the availability of training opportunities, and the nature of the labor market. In Goldin's study (21), it was found that knowledge of vocations and employment potential was ranked second, as a necessary part of the rehabilitation counselor's training and role.

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*Public Law 89-333, The Vocational Rehabilitation Act Amendments of 1965, has made more flexible the procedure for determining rehabilitation potential and has also deleted the word "physical" when referring to handicaps. This permits State agencies to expand their services to other types of vocational handicaps and allows a more flexible policy for their identification.

In summary, the three most frequently used dimensions for classifying and evaluating rehabilitation clients are, in order of importance to the counselor: (1) the nature and extent of the disability; (2) the level of personality function, and (3) work skills. We concur that these are important dimensions and may be, in various combinations, all that is necessary for understanding the rehabilitation potential of any single client. We suggest, however, that these criteria are not sufficient by themselves for understanding the nature of the problem when dealing with poverty level populations—especially minority groups living in ghetto areas. Many residents of the low-income housing projects which we are studying have no physical disability, their personalities are not "pathological" (assuming that we know how to measure them), and many have good work skill potential. At the same time, they are not employed, and for all intents and purposes they are "disabled." In this instance the disability is a *social disability*. Unless this dimension is taken into account, many residents will not be eligible for receiving rehabilitation services. If they do become eligible using the traditional criteria, the counselor will soon find that the dimensions of physical disability, personality, and work skills are inadequate measures for understanding and dealing with their clients.

Social Dependency — A Model of Client Participation

When individuals or groups are expected to play certain social roles but do not, either because they cannot or will not, this is a social disability from the point of view of those who have the expectations. When other individuals or groups must expend time and resources in performing the roles for the "disabled," then the disability is one of *social dependency.*

The mainstream values of our society define independent functioning as an important goal. If an individual in the ghetto is *dependent,* it is the mainstream that labels him *disabled.* The individual himself accepts this definition only if he also accepts the mainstream values and goals. Even if he accepts them, he must also have an opportunity structure that will allow for their achievement. The inability of a "typical" middle-class person to know how to find a "fence" in order to get rid of some "hot" (stolen) goods represents a social disability on his part for survival in the criminal sub-culture. Even if he accepts the values and goals of the criminal, he must still have access to the opportunity structures and agencies of socialization that will allow their achievement. To the middle-class individual, the person in the ghetto is socially disabled. To members of the criminal sub-culture, the middle-class individual trying to sell his stolen goods is also socially disabled. The sub-culture of the criminal world and that of the mainstream of society are alike in that both make it quite difficult for a "non-member" to gain access to their social resources. It is further true that by the time entrance into a particular system has been made available, the individual may have already entered and internalized the values and goals of an alternative structure. The middle-class individual remains in the mainstream, but the Negro remains in the ghetto.

Social disability is a result of a combination of the following: (1) *failure to internalize normative values and goals;* (2) *blocked opportunity structures for achieving normative goals;* and (3) *the existence of alternative structures for learning alternative values or goals.* Individuals are socialized so as to find certain *life styles* (cultural goals) desirable. Given these life styles, individuals have varying *life chances* (structural opportunities) for their realization. Merton (31) was the first sociologist to identify this incongruity between cultural goals and structural opportunities. He went on to describe a series of regular responses to the conflict situation: conformity, innovation, ritualism, retreatism, and rebellion. Cloward (10) extended Merton's theory by pointing out that when approved structures are blocked, the individual must gain access to deviant structures in order to participate. Levinson (27) was the first in the social welfare field to suggest a typology of "chronic dependents." He identified three types of welfare clients: moral, calculative, and alienative. The following represents a synthesis and application of these basic ideas of Merton, Cloward, and Levinson.

Using the criteria of *independent functioning* as the goal and *participation in approved structures* as the means, it is possible to construct a typology of social dependency. This dependency becomes a means for predicting client involvement in the rehabilitation program in that the formal goal of the program is to restore individuals and families to independent functioning by preparing them for employment in occupations that are part of the approved, social structure. While these are the goals of the rehabilitation agency, they may not be the reason for the client's participation. The following combinations of means and goals are therefore possible:

Types of Social Dependency	*Participation in Approved Normative Structures (means)*	*Independent Functioning (goal)*
1. NORMATIVE DEPENDENCY	+	+
2. CALCULATIVE DEPENDENCY	−	+
3. RITUAL DEPENDENCY	+	−
4. ANOMIC DEPENDENCY	−	−
5. ALIENATIVE DEPENDENCY	(∓)	(∓)

Note: + signifies the client has the means, or accepts the goal
— signifies the client does not have the means, or does not accept the goal

Normative dependency is the category of clients who accept the goal of independent functioning and see participation in acceptable societal structures as the appropriate means for achieving this goal. These individuals have internalized the goal of independent functioning and will be highly motivated to break their dependency relationship and become employed in a job that will allow them to realize this. This is the "ideal-type" of participant. The organization's goals are the client's goals. The implication for the rehabilitation program is that this individual will be highly motivated to achieve rehabilitation success. His limiting factors, if they exist, would be the existence of a physical disability or a lack of skill potential. The client is determined to achieve independent functioning through legitimate means providing that opportunity structures for jobs and job training are available. The latter is a factor external to the client and is a primary responsibility of the agency and the larger community which the agency is supposed to represent.

Calculative dependency typifies yet another type of participant. Those who fall into this category value the goal of independent functioning, but they reject the idea of participation in the normative systems of society. Calculative dependents see themselves as *earning their living,* at least in part, through participation in the rehabilitation program. For this type of client, participation is for a reason other than returning to work in normative structures. It is likely that this pattern of calculative dependency is multiplied in such a way that the individual will eventually achieve his desired life style pattern.

Clients in this category may be participants in other systems while they are also in the rehabilitation program. They may be receiving funds from several agencies who are unaware of each other, they may be dabbling in the rackets and other illegitimate structures. It is not uncommon for welfare recipients, rehabilitation clients, etc. to moonlight in jobs while they are receiving public funds which forbid this practice. It is important to keep in mind that this type of calculative behavior is not necessarily a characteristic of personality, but is a response to the social structural circumstance in which the individual finds himself. Given the fact that the calculative individual has internalized the goal of independent functioning, it is the failure of the social structure to provide legitimate opportunities that opens the way for the use of illegitimate means. The desired life style pattern is normative, but with life chances in the normative structure blocked, alternative illegitimate structures are chosen. Stated more pragmatically, when legitimate jobs are not available, deviant means for producing an income are chosen.

What further exists in the urban ghetto is a situation where individuals have a better chance for entree into illegitimate structures than into legitimate ones; and their chances for success in the illegitimate structures are greater. Normative values thus become meaningless since adherance to them will not bring the realization of goals. These values may be discarded, or, as Rodman (20) suggests, they may be stretched to include both legitimate and illegitimate means. The point is that chances to gain access to deviant agencies of socialization and the chances for success in these deviant structures are greater than chances for success in the normative system.

The implication for the rehabilitation program is an important one. The rehabilitation agencies are offering opportunities for entrance into normative occupational structures, but they are in competition with the non-normative street system. Given the same goal of material success and independence, it seems quite logical for an incumbent to carefully weigh his chances for success in each system. In the reality of the urban ghetto, the normative system has less to offer. The potential client must be convinced that his opportunities for success in the normative system are within his grasp, and this must be a reality. The rehabilitation counselor should keep in mind that this is indeed a variant from the middle-class pattern. The middle-class individual, while he may also value independent functioning, has a higher degree of access to normative structures and a lesser degree of access to deviant structures.

If the calculative individual ever becomes a client in the rehabilitation program, he will be weighing what he hears and sees with the alternatives open to him. Opportunities must be real and counseling effective. Unless this is so, the client will fail in the program, be dropped as uncooperative, or will *sweetly* "con" the agency for whatever he can.

The third type of participant is characterized as the *ritual dependent* who has lost sight of the goal of independent functioning but holds on to the value of honest participation in normative structures. This type of dependent has accepted a life on welfare and seeks to make the best possible adjustment to it. Ritual dependency is prevalent among many one-parent, mother-centered families where the goal of independent functioning is not realistic. The unemployed mother cannot be both instrumental and integrative leader in her family and therefore relies upon the social welfare system for instrumental support. Yet she remains a conscientious mother seeking to raise her children as best she can. Gratification is not dependent upon independent functioning and material success. Instead, gratification is gotten from one's children and from participation in normative structures — especially the church.

For many in this category, the goal of independent functioning is not a realistic one. When family size and the absence of a male bread-winner put a great deal of strain on the family, and when the mother performs her integrative roles adequately, a program of income maintenance is perhaps the best possible alternative. In other instances it is useful to help the mother to provide day-care for the children so that she may work. Safa (42) has shown that many working mothers in one-parent homes develop positive self-images which are translated to the children in the form of higher mobility aspirations. The rehabilitation problem is a difficult one because there are few jobs for poorly educated women that pay a high enough salary to meet the budget needs of large families. In this case, working not only takes the mother out of the home, but her income gained from working is insufficient. Therefore, both levels of functioning suffer.

The fourth type of participant, the *anomic dependent,* is characterized by a rejection of both goals and means. These are truly the drop-outs of our society. They are the chronic dependents, such as drug addicts, alcoholics, and "tramps." Merton has labeled this type of behavior retreatism. From the point of view of rehabilitation, this is perhaps the most difficult client to move towards independent functioning. These anomic dependents lack a motivational system of identifiable norms and goals. They neither accept nor reject the welfare system. The typical pattern is for this client to be buffeted from one agency to the next. He is manipulated and acted upon, but shows little movement towards rehabilitation goals.

Merton (31) identifies a fifth type of response to the incongruity between goals and means. This type is unlikely to participate in the demonstration program. Individuals in this category reject the institutionalized means and/or goals and attempt to replace them or alter them. Thus they are characterized as rebellious or alienated. In some instances, normative institutions such as public welfare are rejected and new subcultural institutions are formed. Negro banks, credit unions, businesses and self-help organizations serve as examples. The Black Muslim movement is another variant that represents both a rejection of goals and means of the normative structure and an attempt to institutionalize new ones. This is not the same as the fourth category of anomic dependency because rejection of one system is now replaced by attempts to institutionalize new ones. Individuals falling into this category not only reject dependency upon the social welfare system, but they also reject dependency upon the entire white social structure at all levels of functioning. It is doubtful that this type would become a rehabilitation client. If so, they might be characterized as an *alienative dependent.*

The major point of the preceding discussion is the fact that dependency upon the social welfare system does not only represent a pathology of personality, but also a problem of social structure. Individividuals in the ghetto may be vocationally disabled, but the disability is a *social* one. The causes are blocked entry to opportunity structures, inadequate or incomplete socialization, and the existence of deviant opportunity structures which offer higher chances of entree and success than do normative ones. The problem is one of inability to mesh together cultural goals and values with opportunities for achieving them. Given this incongruity, it is possible to identify behavioral and attitudinal responses which are useful in understanding motives for participation and non-participation in the rehabilitation program. An understanding of this point will aid the rehabilitation counselor in a poverty setting to understand the nature of client participation in terms of the social environment in which the client lives.

The Family System

Workers in the rehabilitation field should recognize that in most instances, rehabilitation efforts directed towards an individual client are also efforts directed at his family. To overlook this can mean the failure of the rehabilitation program. Using the model of dependency developed in the previous chapter, it is possible to view the rehabilitation program as an effort to create a situation where families are capable of acting as independent functioning units performing those tasks normatively assigned to them, free from dependence upon the social welfare system. In attempting to rehabilitate the head of a family and to place him or her in a job, we are really saying that the *family* should be independent and that this individual should be the instrumental leader in the family. Employment is the means toward this end. Likewise, if the rehabilitation counselor restores a disabled female to her place as homemaker, he is also rehabilitating a *family* by strengthening one aspect of integrative functioning.

The action goal of "bringing families into the mainstream of community living" implies not only a normative independence, but also an external integration into the structural systems of the larger society. It is for this reason that action programs introduce the concept of community organization. Families and individuals through community organization activities learn to influence their own life chances, instead of remaining powerless and acted upon.

The McPhee studies (30) in rehabilitation have clearly documented the importance of a supportive family in achieving success with individual clients. The role of the family in poverty settings was given much attention in a controversial paper by Daniel Moynihan (34). He pointed out the difficulty in rehabilitating low-income Negro families because of the instability which exists in that social unit. The Negro family in poverty settings has been characterized by high rates of social disorganization, dependency, and deviance. Mogey (33) has shown that families with strong kin relationships in the community are more independent than families isolated from their extended families. These factors become important for the rehabilitation program in that the restoration or establishment of independent instrumental functioning is often made more difficult, if not impossible, because of the other problems which exist in the family. As we have pointed out in the previous chapter, rehabilitation of families must take into account all levels of family functioning — instrumental and integrative, internal and external.

What then are the various types of families which make up the low-income population being served by the demonstration projects? How does the structure and functioning of the family facilitate or impede rehabilitation success? What follows is a typology for understanding the family in a poverty setting. The model is based on one suggested by S. M. Miller (32). In adapting his model to our use, we have attempted to draw its implications for the rehabilitation process while at the same time keeping within the general theoretical schema of our own research design.

The two major variables in Miller's typology are *economic security* and *familial stability*. Economic security represents the level and stability of income produced by the family in order to meet their budget needs. It is of course difficult to arrive at a specific income figure below which a family loses stability; but as Miller suggests, it is possible to arbitrarily select out minimum income needs for families of given sizes, in order to keep them independent. Most social agencies do have formulas which serve as a basis for evaluating the economic status of a family. Economic security is one example of the more general concept we have been calling instrumental functioning.

Family stability is similar to our concept of integrative functioning. While this is a difficult concept to operationalize, it is characterized by such things as children staying in school, the family taking part in joint activities, and other behaviors which demonstrate a degree of internal integration and cohesiveness. One of the most important integrative functions of the family is the socialization of children. The family not only meets the present needs of its family members, but it also carries the responsibility for socializing the children for their later participation in society as individuals providing for independent functioning families. Thus the values and goals of the family are likely to be transmitted, at least in part, to the next generation. The children are as likely to internalize what they see as they are to internalize what they are told. As Merton (31) points out:

> . . . the family largely transmits that portion of the culture accessible to the social stratum and groups in which the parents find themselves . . . Quite apart from direct admonitions, rewards and punishments, the child is exposed to social prototypes in the witnessed daily behavior and casual conversations of parents. Not infrequently, *children detect and incorporate cultural uniformities even when these remain implicit and have not been reduced to rules.*

Using the criteria of *economic security* (instrumental functioning) and *familial stability* (integrative functioning), it is possible to construct a typology of lower class families:

Type of Family	*Economic Security*	*Familial Stability*
1. STABLE POOR	+	+
2. THE STRAINED	+	−
3. THE COPERS	−	+
4. THE UNSTABLE	−	−

Note: + represents a family performing adequately
− represents a family performing inadequately

The stable poor are characterized in the above typology as being those families who have an adequate income and are functioning adequately at the integrative level. These families are poor only by definition. They are an independent and internally integrated family system, but their income is below the level believed to be desirable by the larger society. In other words the family is able to meet its commitments but their level of life style remains far below what is thought to constitute the "good life." Sociologically, this family is an independent one. In the context of the larger society, they are poor. Their television set serves as an *instant reference group* to show them that they are deviants in a land of plenty. This represents a type of relative deprivation where stable families also come to define themselves as "poor."

The rehabilitation problem for the stable family is simply one of increasing low income. There is no disability, *per se,* but only the feeling that this family could be more comfortable and afford their children more opportunities if they had the financial means to do so. The solution to the problem is to increase income. Programs and policies that would upgrade jobs and thus income, raise minimum wages, or provide income supplements are indicated remedies.

The *strained* families are those which manage to perform their instrumental functions of income producing at a level sufficient to meet basic budget needs, but the level of internal integration is quite low. This family is characterized by such internal strains as alcoholism, children getting into trouble, and high rates of parental and marital conflicts. In many instances this may be a consequence of the tensions produced in trying to earn an adequate income, but this need not be the only reason. Conflicting value systems between marriage partners and/or children are a source of much conflict in the ghetto home.

It is likely that the responses to living in the ghetto vary within the same family, thus creating a great deal of conflict. For example, the mother may fall into the category of ritual dependent, the father of anomic dependent, with the children in conflict with their mother's values and their own attitudes, which may be rebellious or independent via deviant means. We are not suggesting that this is a universal picture of the Negro home in the ghetto, but merely that differing responses within the family may be the source of much strain.

The rehabilitation efforts in the strained family must concentrate at the family casework level. In addition to family casework efforts, improvement of income levels takes much the same form as in the stable family. The important thing to remember is that the direction of movement in the strained family is towards instability. As Miller (32) points out, the intergenerational movement of the family may not match the economic security of parents and produce "intergenerational skidding." Thus whatever stability existed in the parent generation is lost in the next.

The *coping* family is an internally cohesive system, but income levels are below minimal requirements to meet budget needs. This is probably the smallest category because of the strain that is created in family functioning because of low-income. Coping is a characteristic of those welfare families who manage to exist on low incomes by doing without, whatever the consequences — e.g. poor health, failure to participate in activities outside the home because of inadequate dress, etc. Nevertheless, they maintain a cohesive internal system with parents sacrificing their needs for the children. It would not seem possible for this type of family to maintain a coping level for a prolonged period with the direction of change moving towards instability. This type of family probably reinforces its plight through a rationale of religious and ritual dependency losing sight of the goal of economic stability. The very poor but honest family typifies this group.

From the rehabilitation perspective, the coping family must have a better income. Their problems are more severe than the stable family in that they cannot meet their budget needs within their current level of functioning. The immediacy of the problem is far greater than the stable family because of the pressure towards instability and family disorganization. Like the stable family, the copers are likely to be supportive of rehabilitation efforts, whereas the strained family would be too disorganized by internal stress.

The *unstable* family represents the highest level of family disorganization, and thus the problem of rehabilitation would be the most difficult. This family is unable to perform its instrumental functions and is further characterized by a high degree of internal stress. This is the opposite pole to the poor but stable family. Unstable families move from one crisis to another both economically, socially, and emotionally. Heads of families are likely to fall into the individual category of the anomic dependent.

The truly concerted services program is needed if rehabilitation is to be sought via the social welfare system. Family casework services are needed to deal with internal functioning problems of the family, and vocational services are needed to meet the instrumental needs. In some instances, family dissolution is appropriate.

There must be the recognition in dealing with all four types of families that casework and vocational rehabilitation represent only one-half of the picture. Given the efforts of the social welfare system and the motivation of the participant to succeed, will the wider community structure provide access to the normative social structural positions if individuals are prepared to enter them? *Are real opportunities going to be available or is this just a game between the poor and a well-meaning but powerless social welfare system?* This is a question that will be dealt with in the section on the community system, but it also suggests one more level with regard to families —the level of external functioning.

External functioning, as identified in the previous chapter, concerns the family's ability to influence its own life chances through participation in appropriate social systems of the larger society. Without an attempt to influence one's own life chances, the family is powerless in the hands of the social welfare system, whose power is in turn limited by the larger community system, which provides the funds and the opportunity structures which are necessary for success. Individuals, families, and neighborhoods can also work towards independent functioning by attempting to influence community decisions with regard to such things as job opportunities, minimum wages, welfare rights, etc. The concept of "mainstream of community living" is meaningless unless individuals and families are participants in that mainstream. Participation can take the form of rebellion, or it can also take the form of attempting to influence one's life chances through action in the normative structures. This is nothing more than the *self-help.*

To summarize, we have suggested that the rehabilitation of individuals represents an attempt to rehabilitate families. The goal of independent functioning families is reached by making it possible for individuals to perform their roles within the family. The two major variables of economic security (instrumental functioning) and familial stability (integrative functioning), seen in combination, create a typology for characterizing poor families: stable poor, the strained, the copers, and the unstable. Each type calls for a different combination of social welfare programs in attempting to achieve rehabilitation. If these families are to be brought into the mainstream of society, this further implies their ability to take steps that will influence their chances for obtaining this end. Therefore, community organization activities are necessary in order for previously isolated families to express their needs and to seek them through participation in appropriate institutionalized structures.

The Neighborhood of the Housing Project

The existence of a neighborhood system within the housing project environment adds another important dimension to the analysis of social change among housing project residents. Our reference to the term neighborhood implies more than just physical area; it designates a characteristic of the *social relationships* within that setting. *A neighborhood exists when the residents of an area share a sense of belonging that becomes the basis for social relationships.* When individuals living in a common area come to realize that they share certain life styles, or life chances, this may lead to their interacting with each other. If these criteria are present, then a neighborhood system exists. If they are not present, then there is no basis for social relationships, and the ecological area is referred to as simply an *aggregate* of isolated families.

The existence of a neighborhood system thus implies the existence of shared interests or problems, which serve as the basis for social relationships. This consciousness of kind might be the result of such things as common ethnicity, common residence, similar family structures, similar life style problems of poverty and deprivation, etc. Any or all of these factors can become the basis for social relationships, but it is important to point out that these common characteristics must be recognized by the residents themselves as a basis for social interaction. A social worker may take note of the fact that residents share many common characteristics, but they do not become the basis for social interaction unless the *residents themselves* take note and use them.

It is here that the concept of community organization becomes most important in influencing change among residents of the low-income housing project. If residents do not recognize some consciousness of kind as the basis for action, they remain an isolated aggregate of families, not a neighborhood. The existence of a neighboring pattern can take the form of an informal system or an organized system. With informal systems come such activities as visiting neighbors, helping with small problems, and the welding of friendly relationships. With the existence of a formal system comes the power to influence change. In one sense, the existence of a neighborhood system is a functional alternative to family or social dependency. Many examples of neighborhood systems performing family functions can be mentioned — taking care of children while a mother works, loaning of money, talking out problems, etc. As a formally organized unit, a neighborhood is able to present a politically powerful voice for influencing change at a much higher level than could informal patterns.

It is also possible for a neighborhood system to reject the normative structure in favor of alternatives. It may support a contracultural system which reinforces and advocates dependency and other forms of social deviance. It may be supportive of *subcultural self-help* programs which reject the normative existing structures — e.g. forming cooperatives, credit unions, boycotts of merchants. With regard to instrumental functioning, it is a known fact that "the poor pay more", and organized activities can seek to make changes. At the integrative level, formal organization of neighborhoods can work for better schools, more playgrounds, etc.

In sum, organized neighborhoods might be: (1) supportive of a normative mainstream (2) supportive of a deviant contraculture; or (3) supportive of a normative subculture. Without organization, the residents remain isolated and powerless regardless of their orientation. Community action programs, even if they fall short of their stated goals, have a latent function of bringing previously isolated individuals to the realization that they share a common bond of deprivation which can then become the basis for organization. Following the pattern of the previous sections dealing with clients and families, it is possible to construct a typology of neighborhoods that will be useful in understanding the type of setting in which the housing project residents live. The possible effects that the housing project environment may have upon residents and the demonstration program become identifiable. The two major variables are the existence of a neighborhood system and whether or not the residents show support for independent functioning through participation in the normative structures of the society.

Type of Neighborhood	*Existence of Neighborhood System*	*Resident Support of Normative Structures*
NORMATIVE NEIGHBORHOOD	+	+
NORMATIVE RESIDENT AGGREGATE	−	+
SUBCULTURAL NEIGHBORHOOD	+	−
SUBCULTURAL RESIDENT AGGREGATE	−	−

Note: + = existence of the noted dimension
− = lack of the noted dimension

The *normative neighborhood* represents the ideal from the point of view of the demonstration program. Residents not only support the value of independent functioning through participation in the normative structures of the larger society, but they also reinforce this pattern through their neighboring practices. At the informal level of neighboring, support of the normative system becomes a social pressure from friends and neighbors. The demonstration program is generally seen as a program external to the housing project. People are coming in from the outside to tell them how to live. With informal support from the neighborhood, the goals of the demonstration program come to be identified by the residents as *their* goals, and the program is seen as *their* program. This support is heightened if the informal neighboring patterns result in a formal organization of tenants into a neighborhood council.

If a tenant organization exists that is supportive of the rehabilitation goals, many advantages accrue to both tenant and demonstration program. Tenants can influence decisions and suggest programs and techniques. The rehabilitation program is able to move from the level of individual rehabilitation to the rehabilitation of the neighborhood. Tenants can be called upon to help in tutoring programs, to establish car pools to get to skills centers and jobs, to help reinforce and support their friends who are returning to work, etc. Formal organization serves another important function in the training of indigenous community leaders who remain a voice in the neighborhood after the demonstration programs have terminated.

The *normative resident aggregate* is a powerless group unable to influence its own life chances even though residents share the same values and goals of independent functioning through participation in the legitimate world of work. If the project residents are going to influence what happens to them in the demonstration program, then it is in their interests to organize into a tenant council. If the rehabilitation project is to take advantage of a cohesive and supportive neighborhood structure in helping to achieve its goals, then they, too, should encourage the establishment of an organized tenant population. The key social welfare program becomes one of community organization so that the other programs dealing with instrumental functioning and familism can be facilitated.

The *subcultural neighborhood* is characterized by the existence of a neighboring system that does not support the goal of independent functioning through participation in the normative structure. The fact that there is a neighboring system does, however, imply the existence of some other common bond. In many ghetto neighborhoods, this takes the form of an ambitious self-help program, where independent functioning is valued, but participation in the larger social structure is not. Neighborhoods of this type, especially if neighboring patterns result in formal organization, are characterized by resident efforts to establish their own social institutions for achieving independent functioning. The larger society is rejected as being a white power structure that will only exploit them, so they seek the alternative of creating their own stores, credit unions tutoring programs, skills centers, etc. Independent functioning may be achieved, but participation in the mainstream of society is not. This group is likely to reject the existence of a social welfare program or will present an aggressive, often militant voice in determining the characteristics of the program. This is not necessarily a dysfunctional form of neighborhood organization, but it remains a subcultural one. Whether or not we are to be a homogeneous cultural system or one of many independent subcultures is more an ideological question than a social scientific one.

Another type of subcultural neighborhood rejects the normative structure and in its place reinforces a subculture of dependency or deviance. At the level of informal neighboring, residents reinforce the value of remaining on welfare and help each other to "learn to play the game" of remaining dependent. Welfare rights without rehabilitation responsibility, how to play a role for evoking sympathy, how to meet eligibility requirements for various aid programs, etc. become the basis for neighboring patterns. This might aptly be called a *contracultural* neighborhood, or as Ferman (20) has suggested, an *unemployment community*. It is also possible that neighboring patterns reinforce deviant systems by communicating and reinforcing illegitimate systems of prostitution, dope peddling, theft, etc. Given the existence of this type of neighboring pattern, it is likely to remain at the informal level in order to shield visibility.

The fourth type of neighborhood is a *subcultural resident aggregate*. This too is a powerless group. Individual residents may share common subcultural or contracultural values, but they are not communicated at a high enough level to result in effective neighboring patterns. Rehabilitation efforts in this type of housing project are directed at individual families rather than organized groups. A useful objective would be to rehabilitate enough families so that they can become community leaders seeking to institutionalize a normative pattern of functioning.

CHAPTER IV

VOCATIONAL REHABILITATION, CONCERTED SERVICES AND THE COMMUNITY

This chapter outlines the important dimensions of three social systems as they relate to the goals of the rehabilitation demonstration program. These systems are:

1. the vocational rehabilitation network
2. the concerted services program
3. the larger community.

While the previous chapter discussed those variables which center around the client, this chapter concentrates on change agents and opportunity structures. In other words, the client brings to the counseling relationship a set of characteristics, attitudes, and skills; in addition, he is a member of a particular type of family that resides in a particular type of neighborhood. All of these factors will affect the outcome of the rehabilitation effort. However, it is also necessary to understand and analyze the remaining systems which have as their focal point the counselor. Given the goal of vocational rehabilitation, and given the characteristics of the client, his family, and neighborhood, we must now ask what factors influence the counselor's ability to deal with them in order to achieve his goal.

The social systems framework is once again called upon. Just as we have stressed the need to look beyond the individual client to understand the factors which influence his participation in the rehabilitation program, we must also look beyond the counselor to understand the structure and dynamics of the rehabilitation process. Too often the failure of a rehabilitation client is attributed to the quality of the counseling relationship or the characteristics of the client. While this may indeed account for some failures, there are many other factors to consider. Perhaps the reason for failure was the fact that a counselor did not have the necessary case service funds at his disposal, or perhaps the administrative pressure to move cases quickly towards closure did not allow the necessary time to work with that particular client. The lack of appropriate training facilities or the lack of jobs in a given skill category may account for a failure, or it may be because another agency failed in its dealings with the client. Conversely, a successful rehabilitation does not necessarily indicate that the counseling relationship was a good one. There are certainly examples in the case-files of many rehabilitation counselors where a successful closure is the result, not of good counseling, but of good paper work manipulation.

Olshansky and Margolin (35) have stressed the importance of a social systems approach in understanding the rehabilitation process. They account for the fact that it is so little used because it is convenient to place the blame upon counselor and client when there is a failure. We concur with Olshansky and Margolin when they state, "Without questioning the importance of the counselor and client as co-decision makers, we feel that this dyadic view distorts the reality and obstructs rather than facilitates the rehabilitation process." They add that the counselor "can function competently only to the degree that the system facilitates his competent functioning." Thus the purpose of this chapter is to examine some of the important intervening organizational and community variables which set the framework for the counselor's relationship with his clients.

The Vocational Rehabilitation System

Our analysis of the vocational rehabilitation system centers around the following core concepts: goals, structure, roles, rules, and process. Goals are the ends which the organization wishes to accomplish. Structure denotes the various positions which make up the organization along with the delineation of authority among positions. Roles are the expectations that the organization holds for performance of incumbents of the various structural positions. Rules are the policies, both formal and informal, which govern the behavior of participants as they perform their roles. Process is the term used to denote the organization in motion as the various staff members carry out their roles according to certain rules in order to achieve their goals. An understanding of each of these conceptual parts and the ways in which they relate to each other provide the framework for an analysis of the organization as its various components affect the rehabilitation program.

Goals

The formally stated goals of all four demonstration projects are the same: vocational rehabilitation and reduction of dependency among disabled residents of low-income public housing projects. Goals at this level are often abstract. For example, a Joint Task Force publication dealing with families in low-income housing projects (12) states that, "The central purpose behind the Joint Task Force and its work is to draw families who are socially and economically isolated into the mainstream of community living." Terms like socially isolated, economically isolated, and mainstream are all abstractions which come to be defined concretely only when they can be measured. Our objective in this monograph has been to provide models suitable for understanding how well these overall goals can be met. Given the statements of general objectives, however, the next important step is to identify the *operational definitions* of goals.

Operational definitions are quite different from general statements of goals. These are concrete goals which can be measured. They spell out and clarify the ambiguities of the general goals. For example, if the general goals is the vocational rehabilitation of disabled residents of low-income housing projects, the operational definitions of goals tell us exactly what this means. For example, a project may mean by vocational rehabilitation that individuals who have not been working are placed in a remunerative job for at least two weeks, regardless of job satisfaction, income, or continued job stability. Another project may define the general goal of vocational rehabilitation as the establishment of a six-month stable work period wherein the individual produces an income sufficient to break a welfare dependency pattern and restore the family to independent functioning. There are numerous other ways of operationally defining goals. Anyone in the rehabilitation field will know that operational goals are not always, if ever, exactly as they are stated in the general objectives. More often than not, general statements of goals are abstract and ideological. Little indication is actually obtained as to what the real goals are.

Sometimes organizational goals are frequently left undefined, at least formally. For example, the stated goals of the agency might be the vocational rehabilitation of disabled individuals, where in reality the informally agreed upon goal is a certain number of rehabilitations per year for the office. This phenomenon, referred to in the sociological literature as a "displacement of goals", is a characteristic of many organizations. Goldin (23) has shown how the statistical record keeping function of a New England state's rehabilitation commission has caused a displacement of goals in exactly this fashion. Blau (5) demonstrated the same principle in a state employment agency.

Goals also exist at differing levels, ideally culminating in the achievement of the over-all goal, but not necessarily. It is possible that various levels of organization have defined goals which are in conflict. A counselor, for example, may set as his goal the rehabilitation of certain hard-core dependent clients. At the same time, his supervisor sees the goal of the agency in numerical terms, thus forcing a concentration on "easy" cases. Still other counselors define rehabilitation as improved personality functioning regardless of vocational placement. Given an incongruity of goal definition at the various levels, it is necessary to determine the ways in which these conflicts are mediated in the actual day-to-day activities of the office.

The first task, therefore, in an analysis of the vocational rehabilitation network is to identify the formal goals of each demonstration agency. The next task is to identify the operational and nonformal goals in the actual process of the organization. Our first impressions of each of the four demonstration projects are that while they share the same formal goal, their operational definitions and nonformally stated goals differ considerably. The two important questions to answer are: (1) How did the agency come to define its goals as it did?; and (2) Given the goals of the agency as they define them, how do they relate to the goals of independent family functioning and reduced dependency upon the social welfare system?

Structure and Role

Any organization has at its core a formal structure of social relationships, some table of organization that identifies the various organizational positions and their interrelationships. Analysis of an organization's formal structure allows for (1) an identification of the various positions, levels, and components; (2) an identification of the formal status hierarchy of authority; and (3) an identification of the formal lines of communication. With this knowledge it is possible to place any individual participant into his organizational position and thus identify his formal authority, communication links, and level of participation.

Linked closely to the structure of the organization is the concept of role. Role definitions spell out the expectations for behavior for any given incumbent in a structural position. These expectations are communicated to the incumbent of a position both formally and informally, and from many different sources. For example, a formal job description is one source of role definition for a particular position in the structure. Memos from supervisors communicate role expectations. Colleagues in the organization also have expectations for role performance. Ideally, the various role expectations for a given organizational position reinforce each other; but in practice, they frequently conflict. Given the various expectations for behavior, it is necessary to determine which ones are actually followed when the individual participant actually performs his role. What action is taken is often a function of power and observability. For example, expectations of supervisors may be more important than expectations of colleagues in the performance of the counselor role simply because the supervisor holds formal authority plus the power to invoke sanctions if his expectations are not met.

What frequently offsets the authority relationship is the fact that the counselor working in his professional role with clients is not in a position to be observed by his fellow-workers regardless of their level or authority. This "insulation from observability" (14) mediates potential conflicts in many organizations, particularly when it involves professionals who are traditionally difficult to observe because of the nature of their work. The disadvantage of low-observability is that individuals in superordinate positions must then rely upon subjective ratings of behavior, or the mere quantitative analysis of results. This is indeed what occurs in a traditional state rehabilitation agency. (23)

Rules

Rules or norms in the organization identify the policies within which staff members perform their roles. There are, for example, eligibility requirements for service, methods for determining eligibility, forms to be filled out, evaluations to be gotten, etc. For all of these things there is a procedure or a rule. In a highly structured organization these rules are formally stated, often in great detail. In organizations with less formal structure, rules are often unclear or not formally stated.

Most rules in any organization are recorded in writing and offer a standardized framework for carrying out the work of the organization. However, it is frequently the informal rules which govern much of the day-to-day activity in the organization. Once a general framework is provided by the formal rules, organizations establish informal norms which govern behavior; these are the unwritten rules and constitute the culture of the office.

This area of research into the functioning of the rehabilitation system will therefore concentrate at two levels: an analysis of the formal rules as they affect the rehabilitation process, and secondly, an analysis of the informal norms of the office which facilitate or impede rehabilitation efforts. The end product against which these variables will be measured is, as in the analysis of other intervening variables, the reduction of dependency.

Process

Process is the concept we are using to denote the actual dynamics of the organization in motion. The basic framework of the rehabilitation system stems from the interaction of goals, structure, roles, and rules. All of these things taken together result in the flow of activity within an organization. Using these dimensions, our task will be to describe and analyze the functioning of each of the four demonstration projects as they go about their day-to-day activities.

The major elements of organizational process around which our research is centered are the following:

1. How are potential clients obtained as referrals to the rehabilitation agency?
2. What are the requirements for eligibility?
3. How is eligibility determined?
4. How are rehabilitation plans formulated?
5. What is the technique of the rehabilitation process?
   a. disability reduction
   b. counseling approaches and methods
   c. training approaches and methods
6. What is the process by which job placement and follow-up take place?
7. What are the criteria for terminating a case, either as a successful closure or unsuccessful?

The preceding elements of organizational process depend on the nature and the interaction of the rehabilitation system's goals, structure, roles, and rules. The most important organizational elements appear to be (1) the nature of the organization that is administering the grant; (2) the relationship of the State divisions of vocational rehabilitation to the demonstration project; (3) the background and training of the professional staffs; and (4) the use of indigenous nonprofessionals as a part of the organizational structure and process. Each of these elements of organization is discussed in the following sections using the descriptive data that has been presented in chapter one. It is likely that these variables will have a large impact upon the goals, structure, roles, and rules of the rehabilitation demonstration agency. Once these dimensions have been identified, it will then be possible to correlate them with data obtained with regard to the types of clients served and the outcomes of the rehabilitation process.

The Parent Organization and its Relationship to the State Division of Vocational Rehabilitation

The parent organization of the demonstration project is that organization to which federal funds have been awarded for the establishment of the project. In attempting to understand the major directions in which the project is going to move, it is important to understand the relationship of the project to its parent organization and the nature of the parent organization. The principal concern is to determine the goals and structure of the parent organization in order to identify its effects upon the demonstration project. The organization within which the demonstration program must operate will influence many aspects of the rehabilitation program, especially the definitions of goals and rules which set the framework for the dynamics of the program.

The four demonstration programs under analysis have differing parent organizations:

The St. Louis project is operated by the Missouri Division of Vocational Rehabilitation. It formally states in the project proposal that the State Manual of Procedure will be used, and the criteria for eligibility will be the same as used in the State-Federal program. The only other criterion is that the individual be a resident of the Pruitt-Igoe Housing Project. By working directly within the State Division of Vocational Rehabilitation system, the Pruitt-Igoe demonstration program becomes similar to any district office with the exception that it serves a specific population. Counselors are State employees and are trained and supervised within the State DVR Administrative structure. While on the one hand this provides the advantages of an experienced group of workers and supervisors, it may also have limiting effects upon the ability to innovate in seeking new methods, procedures, and criteria for dealing with a specific problem population.

In New Haven, the Elm Haven Rehabilitation Unit is operated under a grant to Community Progress, Incorporated, a non-profit community action program. It is not a governmental agency such as a State Division of Vocational Rehabilitation. Community Progress is modeled after the structure of a community action program, and thus takes a very broad and liberal view of rehabilitation. Traditional state requirements and procedures do not become limiting factors, but rather the entire C.P.I. organization has been set up as a new organization to seek new methods for reducing dependency. The Elm Haven project is part of this new organization with no rigid norms governing the rehabilitation process.

Just what the relationship is between the Elm Haven project and the State Division of Vocational Rehabilitation, and how this also affects case processing will be examined. Direct supervision is not present as in St. Louis, but rather the State DVR acts only as a consultant and advisor.

In Pittsburg, California, the El Pueblo-Columbia Park Rehabilitation project is operated under a grant to the Contra Costa County Council of Community Services. The county-wide planning agency is somewhat similar to Community Progress in New Haven in that it is a non-profit community action-type organization. Its major differences are in size and in scope. The Contra Costa Council is much smaller than C.P.I., operates fewer programs, and has county-wide scope. It is more a planning agency than an action agency. The flexibility of this parent organization would be similar to C.P.I. The relationship to the State DVR however, is different. In Pittsburg, the State DVR has loaned the demonstration program two of its counselors. Thus, these counselors were trained within the State Vocational Rehabilitation system and their work was in part supervised by the State. In one sense this is a middle-road between the St. Louis project which is directly under State control and the New Haven project which has a minimum of State supervision. Recently a change in the Pittsburg counseling staff resulted in the hiring of counselors who are not State DVR employees and who replaced the latter. This structural change will undoubtedly affect the organizational process, and the extent to which this is so will be examined.

The parent organization of the Cleveland project is quite different from that of the other three projects. The Carver-Outhwaite rehabilitation program is operated by the Friendly Inn Settlement House. This settlement house program does not represent a state agency nor a community action anti-poverty program. It is an organization that has for many years rendered services to the housing project residents. The rehabilitation program becomes just one more area of service which the settlement house is able to offer. The relationship with the State DVR is, however, similar to that of Pittsburg. The rehabilitation supervisor and the counselor are on loan from the Ohio DVR and thus link the program to the State rehabilitation system. Here is a program that uses the settlement house concept of group work for all clients while maintaining DVR eligibility requirements for some. In effect, it maintains two separate caseloads.

The major concern in this phase of our research will be to identify the nature of the parent organization and determine its effects upon the operation of the demonstration project. The secondary concern is to analyze the relationship that exists between each of the demonstration projects and the traditional state divisions of vocational rehabilitation as this relationship affects the activities of the project. It has been pointed out that these two variables of parent organization and relationship to the State DVR differ in each of the four projects. How this influences the demonstration program is a question that will be researched in all four projects so that cross-project comparisons can be made.

The Professional Staff

Perhaps the most important individuals influencing the eventual outcome of the client-counselor relationship are the professional staffs. An understanding of the rehabilitation process would be incomplete without a careful analysis of the role that the various professionals play within the demonstration projects.

Research in this area will examine the various rehabilitation philosophies, goals, and approaches of the four project directors. Each director by virtue of his professional training, his own personality, and the pressures of the organization within which he works will influence the pattern of services in his project. Interviews are being conducted with each project director to determine how he influences the dynamics of the demonstration project. His philosophy and approach to the rehabilitation program will be examined in relation to those generated from other levels of the rehabilitation system. This is particularly relevant to an understanding of the role that the director has in influencing his counselors.

While the nature of the parent organization, the relationship to the state agency, and the influence of the project director all play a role in determining what takes place in the client-counselor relationship, the counselor himself is the most important figure. The various counselors in the demonstration programs bring to their jobs differing professional perspectives, methods, and points of view.

Thus, our analysis of the counselor's role will include such things as his training and perspective with regard to rehabilitation. We are interested in the way he defines the client characteristics and problems, the methods he uses for eligibility determination, his counseling techniques, the agencies which he calls upon to help him, his attitudes and relationship to supervision and direction, etc.

The Use of Indigenous Non-professionals

One of the innovative aspects of three demonstration programs is

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the use of indigenous non-professionals who act in various capacities at the project. This role is a particularly important one in the cooperative research design because it represents a new structural position within the rehabilitation program. The indigenous worker concept is one being experimented with in several anti-poverty programs. (16, 38)

The area indigenous worker is an employee of the rehabilitation project, recruited from the housing project population. He is, theoretically, in a favorable position to communicate with the rehabilitation project clients. To the extent that establishing effective communication between the middle class, professionally trained counselor and the lower class client severely inhibits rehabilitation efforts, the indigenous worker can help to bridge the gap. If the client is unable to understand the necessary forms that he has to fill out, the questions that he has to answer, and the other procedures that he has to go through, the indigenous worker can help him. The indigenous worker frequently has an intimate knowledge of many of the housing project residents; he knows their families and the clients as individuals. The indigenous worker is familiar with the subcultural life styles and values of the population, as well as the goals of the rehabilitation program. This marginality makes him a valuable member of the rehabilitation team performing liaison functions between the formal demonstration program and the residents of the housing project.

The use of indigenous non-professionals may also serve as a reinforcement to the counselor's role. In many instances the indigenous worker can obtain information about the client that is more reliable and valid than the counselor can. The indigenous worker can take over many responsibilities that would ordinarily fall to the counselor, thus freeing the professional staff to spend more time in actual counseling and case development.

The indigenous worker is useful in these functions *so long as he maintains his marginality* and ability to link the rehabilitation system to the client centered system. His "selling out" to either group leads to several dysfunctional consequences. He may internalize the goals of the formal program to the extent that he becomes more rigid and self-righteous than any one of the professionals, or he may become so involved with the problems of a client so as to lose his ability to aid in an objective fashion. The concept of the indigenous worker as an innovative aspect of the demonstration program should be carefully studied through the roles that these individuals play.

The Joint Task Force Concerted Services program involves the participation of various health and welfare agencies in the joint effort of reducing dependency among the resident population of low-income public housing projects. The general problem of coordination and cooperation among the vast array of health and welfare programs is a continuing problem in the field of social welfare. The Joint Task Force Program consists of a set of demonstration programs to evaluate the usefulness of a cooperative and concerted effort to deal with the social problems of a designated population. While it is not the function of this research to analyze the impact of the concerted services program upon the residents of the housing projects, it is our function to determine the effects of concerting upon the goals of the vocational rehabilitation program. In other words, the focal point for our analysis is the vocational rehabilitation project. However, a necessary part of this analysis involves an understanding of the interrelationship between vocational rehabilitation and concerted services.

Coordinated social welfare programs represent a system of exchange. Most agencies do not possess all of the resources needed to achieve their goals and thus they rely upon other agencies to fill in the gaps to help them. The relationship is usually a reciprocal one. Toward achieving the goal of reduced dependency, each agency specializes in certain types of maintenance programs and specific types of rehabilitation programs. For example, vocational rehabilitation programs concentrate primarily on the problem of rehabilitation for remunerative employment, welfare concentrates on income maintenance when there is no main earner, family casework agencies concentrate on improving family functioning, daycare centers are specific programs to take care of children while the mother is out of the home, etc. The important point to keep in mind is that the rehabilitation of a multi-problem family will more often than not need many if not all of these specialized programs in order to break a dependency cycle. This problem was discussed earlier in the chapter on family systems.

From the vantage point of the client it is not so important which agency performs a particular function as long as that function is performed. If there is no specialized agency to perform a particular function within the concerted services program, some other agency will have to pick up that task. Thus one may find a rehabilitation counselor doing family casework or a welfare worker doing job placement. Ideally the appropriate agencies will all be present to perform their specialized tasks in cooperation with each other. In reality one finds severe gaps in services or areas of duplication, competition, and overlap.

Reid (39) suggests that agency coordination can take place at three levels. The lowest level of interagency coordination is called "ad hoc case coordination." At this level individual practitioners informally meet to discuss their various activities and problems in relation to a specific client. Information, referrals, and to a lesser degree, service make up the bulk of this type of cooperation. Formal arrangements for interagency cooperation are not usually a part of this level.

The second level that Reid identifies is that of "systematic case coordination." Agencies develop specific rules and procedures for coordinating activity at the case level. Interagency case-conference meetings may be held, a system of interagency referrals is established, and a system of information sharing may be devised. There is an emphasis on planned exchange of services for dealing with specific cases.

The third level of interagency coordination is described as "program coordination." At this level, the emphasis is not upon individual cases but on agency programs. This level includes such things as mutual assistance in the development or extension of programs, joint programs, clear-cut definitions of areas of responsibility or exchange, etc. At this level coordination is extensive and often complex

With the preceding typology in mind it is possible to identify the various types of concerting that go on at the four demonstration projects under analysis. The most general goal of the concerted services program is the same for all agencies: the reduction of dependency. Each agency ideally brings to bear its specialty upon the resident population in coordination with the other participating agencies to help in breaking the dependency patterns. The Joint Task Force has in fact published a booklet entitled, *Services for Families Living in Public Housing,* (13) wherein they list twelve major categories of social problems and then go on to suggest the appropriate service for dealing with the problem and the specific local, State, and Federal agencies who provide those services. None of the on-site concerted services programs has enlisted the cooperation of all of these agencies, and thus many gaps exist in programs.

For those programs that do exist at the housing project, there are many problems to be studied which prevent effective coordination and thus inhibit concerting. Research to date has indicated that little or no concerting takes place in any of the projects at the level of "program coordination" or "systematic case coordination." There is considerable amount of ad hoc case coordination in some of the projects.

Some of the difficulties that are being examined with regard to the concerting of services within the demonstration projects trace directly back to the tightly structured organization of the various traditional agencies. It would be a relatively easy task to document examples where welfare programs and vocational rehabilitation programs are in direct conflict with each other rather than in harmony. This problem is further complicated by the large number of rules concerning sharing of data, laws regarding eligibility, etc. As it now stands, a vocational rehabilitation counselor, in order to understand welfare procedure, would probably have to take an intensive course in welfare legislation and process. This is equally true for someone in welfare trying to understand vocational rehabilitation eligibility requirements, case plans, etc. To understand the rehabilitation demonstration project within the concerted services program necessitates at least a partial analysis of concerted services itself. Some of the major problems which prevent effective inter-agency cooperation will be identified and examined.

The Community System

The community system is the most diffuse system in our analysis. In one sense we are treating it as a residual category containing other relevant sub-systems which are external to the demonstration programs but must nevertheless be considered if we are to understand the impact of the vocational rehabilitation program upon the housing project residents. Within the community system it is particularly important to have some knowledge of the labor market and the political system.

The Labor Market

The primary operational goal of the vocational rehabilitation program is the placing of previously disabled individuals in positions of remunerative employment at a high enough level so as to establish a stable pattern of financial independence. Regardless of the efforts made at physical and emotional rehabilitation, the final success goal cannot be achieved if the labor market cannot provide a job for the newly rehabilitated worker. The characteristics of the labor market areas that might provide jobs for residents of the housing projects thus become a significant subsystem.

The two major factors that will determine employability of the rehabilitation clients in the housing projects are the *availability of jobs* within the various skill categories of the clients and the *willingness of employers* to hire individuals who have *spotty work histories, poor* *education, membership in minority groups, police records, and the like.* In a labor market where many workers are needed, the rehabilitation placement supervisors or their equivalent will have a relatively easy time. In a labor market where there are few jobs and many applicants, the task is a difficult one. Employers must be convinced that the rehabilitated clients will be reliable workers. How do you convince an employer to "take a chance" on your client when he can just as easily hire someone with more education, a better work history, and someone who is white? Regardless of the good intentions and efforts of both client and counselor, there will be no jobs if the labor market does not provide them.

In most instances the real problem is matching men with jobs. There are many individuals looking for work and many jobs available. But the characteristics of those looking for work and the employer's requirements do not match.

This leads to the further problem of examining the facilities available in the community for job training, and programs for upgrading skills. Does the community provide for educational facilities and vocational programs which the rehabilitation program can utilize? Upon completion of the program will there be available jobs? And finally, *will these jobs provide adequate income for the reduction of dependency and the establishment of independent financial stability?* To train someone to be a key-punch operator when the market is flooded with key-punch operators makes little sense. To rehabilitate a family bread winner to take a job that pays $65 a week makes even less sense if this will not meet the income needs of that family.

One solution is the creation of new jobs. Pearl and Riessman suggest this approach in their book, *New Careers for the Poor.* (37) The Richmond, California poverty program has also experimented with the development of "new careers." (16, 38)

The ultimate success of a program is greatly contingent upon the ability of the housing project clients to find jobs in the labor market that are adequate, particularly from the point of view of economic stability. No measure of rehabilitation will be successful unless it can culminate in restoration of independent functioning of the family unit. Unless this can be done, other forms of income maintenance will have to be adopted.

The Political Climate

How supportive is the power structure of the community in encouraging programs to reduce dependency? Within each of the four projects under analysis it is possible to document various programs of local governments and political interest groups which are supportive or nonsupportive of attempts at rehabilitation. In one project the entire political machinery of the city appears to be behind the community action program. In another project, the entire census tract within which the housing project is located is carefully gerrymandered outside of the city limits so that the local community has little responsibility to the residents of the project. Less adequate programs provided at the county level must be relied upon.

CHAPTER V

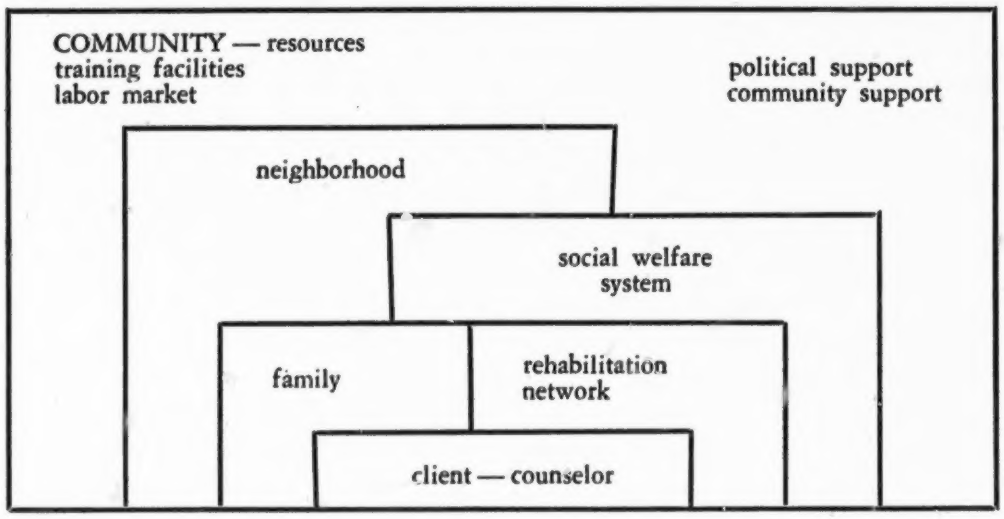
SUMMARY AND CONCLUSION

This monograph has presented a descriptive and theoretical introduction to the Vocational Rehabilitation Concerted Services projects which are operating in four low-income housing projects in four U.S. cities. These projects are demonstration programs to determine the feasibility of locating on-site rehabilitation agencies in low-income housing projects in order to render rehabilitation services to disabled residents. The goal of the program is to restore families to independent functioning through an intensive program of vocational rehabilitation undertaken in coordination with other appropriate on-site social welfare agencies.

In an effort to obtain as much information as is possible with regard to the results of the demonstration program, a coordinated research project has been established . The comparative research design and implementation is under the direction of the New England Rehabilitation Research Institute at Northeastern University. Each of the four projects has a research director who is responsible for designing and carrying out research projects at his demonstration site. Research reports emanating from this program will be published as monographs in this series.

Since this present monograph is the first in the series, considerable attention has been paid to the development of a research model and a theoretical rationale for construction of the research instruments. The principal concept being dealt with is that of dependency. Dependency is treated as a characteristic of social relationships wherein certain individuals or social groups are expected to perform certain functions, but because they do not, some other individuals or social groups must perform those functions in their place. This then creates a dependent relationship which comes to be defined as a social problem. Specifically, we begin with the premise that the production of income for meeting individual needs, and the provision of such activities as child-rearing and emotional support are, in large part, a function of families. When families do not perform these functions, they can become disorganized, thus creating a wide variety of family and individual problems. An alternative to disorganization is dependency upon the social welfare system. Given the cultural definition that states that families, not social welfare, should be performing these functions, programs of rehabilitation are necessary to restore the functions to the family. If not, then the dependency relationship becomes a patterned and recurring cycle. This defines the dependent variable for our analysis: the change in the dependency status of families being served by the rehabilitation demonstration programs.

Many factors combine to influence the degree to which the goals of the demonstration program can be realized. These are the independent variables for our analysis. Six major categories of independent variables have been discussed: the client, the family, the neighborhood, the rehabilitation network, the social welfare system, and the larger community. Each can be seen as a sub-system of the total social system involved in the rehabilitation process. This system can be diagrammed as follows:



The client-counselor relationship forms the base for our systems analysis. Each brings to the counseling relationship a set of attitudes, values, goals, and abilities. These variables are influenced by the client or counselor's training and perspective and the demands made upon him by the others with whom he interacts, and each has a varying amount of opportunity to realize his goals, depending upon the structural facilities offered him by the systems within which he interacts. Each of these subsystems has been the subject of a preceding section of this monograph.

The client, as an individual, is seen in relation to his physical disability, personality functioning, and work skill potential. Variables such as age, sex, education, past job history, etc. become intervening variables for analysis. In addition, we have added a fourth dimension of *social dependency* to explain the differential values, motivations, and consequent efforts made by clients to participate successfully in the rehabilitation program. We have suggested that dependent clients participate in rehabilitation programs for several different reasons, depending upon their acceptance of the goal of independent functioning and the opportunities available for achieving independence through participation in the normative world of work. Each type of social dependency suggests an alternative counseling approach.

The family system must also be taken into account at the client-centered level of analysis. Family income and family cohesiveness combine to create families with differing problems, varying as to type and extent. Each, in turn, suggests possible approaches for restoring the family to independent functioning. An analysis of families along these dimensions makes it possible to determine the extent to which the family acts as an independent variable affecting change in dependency status. In addition, family types can serve as a dependent variable examining the extent to which family functioning has changed from the time of referral through until after closure.

With regard to the neighborhood system, we have been asking questions regarding the extent to which the housing project neighborhood represents an ecological setting characterized by high levels of neighboring practices, either formal or informal, which are supportive or nonsupportive of the goals of the demonstration program. Once again a typology for analysis has been proposed with implications spelled out with regard to programs of action. The field research has also structured several hypotheses with regard to such factors as architectural design of housing project buildings, size and density of population, and turnover of apartments, as these variables affect neighboring patterns.

Together, the three interacting sub-systems of client, family, and neighborhood form the basis for an analysis of those variables which will influence the client as he participates in the demonstration program. The fourth chapter discussed the vocational rehabilitation network, the concerted services system, and the larger community as they, too, influence the rehabilitation process.

We have pointed out, for example, that the counselor is very much influenced by the sub-systems within which he must operate. The rehabilitation network of which he is but a small part makes certain demands upon him and provides limited opportunities for him to perform his role. The counselor is himself the product of his training and background.

In analyzing this rehabilitation network we have placed emphasis upon an understanding of the goals of the organization, its structure, rules, roles, and the actual process of the organization in motion. The fact that each of the four rehabilitation projects is being operated by a differing type of organization — i.e. a state agency, a large community action program, a small social planning agency with counselors supervised by the state agency, and a settlement house — suggests that the way in which the rehabilitation agency is structured and the ways in which it functions will also vary. This will affect who is served, how they are served, and an analysis will also be made as to how the structure and process of the organization influence changes in the dependency status of those clients participating.

In addition to the analysis of the rehabilitation network we have discussed the relationship of the other social welfare agencies as they contribute to the goal of reduced dependency. It has been shown that social welfare agencies have in the past found it quite difficult to coordinate their programs and activities in a concerted way. The extent to which the concerting of services takes place and the various problems involved will be examined in the field research program.

The client-centered sub-systems all operate within the framework of the larger community system. The community is a source of jobs and resources, such as money, political support, and training facilities. Also, the general attitudes of the larger community can serve as an influence to support rehabilitation efforts, or it may choose to withhold that support. While each of these areas might be treated as separate sub-systems, we have chosen to treat them as one within the category of community facilities and resources external to the project site. Similar to our previous discussions of family integration into the larger community, it is here where one considered the extent to which the sub-systems within the housing project environment, both client-centered and social welfare centered, are able to obtain the needed resources and support from the larger community which are necessary for the provision of adequate opportunity structures in achieving rehabilitation success.

In conclusion, it has been our goal to present to the reader an introduction to the Vocational Rehabilitation demonstration projects in poverty settings. While our primary task has been the development of a research model and theoretical rationale for carrying out research within this action program, we have also attempted, wherever possible, to spell out the implications of this model for other action programs dealing with the problem of rehabilitation in poverty settings. Subsequent monographs in this series will deal with specific research findings, most of which have been generated by this research design.

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